

January 13, 2011

Patti Waller  
Epidemiologist  
Marler Clark Attorneys at Law  
6600 Columbus Center  
701 Fifth Avenue  
Seattle, WA 98104

**Re: Public Records Request**

Outbreak of E. coli O157:H7  
Bravo Farms  
October and November 2010

Dear Ms. Waller:

Enclosed are copies of public records from files at NMDH related to the E. coli O157:H7 (Bravo Farms) outbreak investigation as requested.

**Pool, Jonni, DOH**

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**From:** Pool, Jonni, DOH  
**Sent:** Tuesday, January 04, 2011 3:54 PM  
**To:** Baumbach, Joan, DOH  
**Subject:** IRPA request  
**Attachments:** Letter to Waller.pdf; Request from Waller.pdf

Please see the attached documents. It appears that you have already been given a copy of Ms. Waller's request dated December 20, 2010, but we're attaching this for your convenience. Also attached is a letter to Ms. Waller on which you are cc'd.

Please let me or Gabby Sanchez-Sandoval know if you have any questions about these documents. Thanks!

Jonni Lu Pool, Paralegal  
Office of the General Counsel  
New Mexico Department of Health  
1190 St. Francis Drive, #N4095  
Santa Fe, NM 87502-6110  
Direct: 505-827-1794  
Fax: 505-827-2930



Alfredo Vigil, MD  
Secretary

*Building a Healthy New Mexico*

**Bill Richardson, Governor**

Jessica Sutin  
Deputy Secretary

Michael Mulligan  
Acting Deputy Secretary

Karen Armitage, MD  
Chief Medical Officer

January 4, 2011

Patti Waller, Epidemiologist  
MarlerClark, Attorneys at Law  
701 Fifth Avenue  
6600 Columbia Center  
Seattle, WA 98104

Re: Request to Inspect Public Records

Dear Ms. Waller:

We received your request to inspect certain records on December 28, 2010. We need additional time to respond to your request.

In the meantime, should you have any questions about your request, your contact will be Joan Baumbach, New Mexico Department of Health Infectious Disease Epidemiology Bureau Chief. The telephone number at that department is (505) 827-2643, and Dr. Baumbach's e-mail address is joan.baumbach@nm.state.us.

Sincerely,

J. Gabrielle Sanchez-Sandoval

cc: Joan Baumbach, M.D. (via e-mail)



Greg Lauer, Interim General Counsel • Office of General Counsel  
1190 St. Francis Dr., Room N-4095 • P.O. Box 26110 • Santa Fe, New Mexico • 87502-6110  
(505) 827-2997 • Fax: (505) 827-2930 • <http://www.nmhealth.org>

RECEIVED

DEC 28 2010

**MARLER CLARK**  
ATTORNEYS AT LAW, L.L.P., P.S.

NM DEPARTMENT OF HEALTH  
EPIDEMIOLOGY AND RESPONSE DIVISION

PATTI WALLER  
WRITER'S DIRECT LINE  
(206) 515-1927  
PWALLER@MARLERCLARK.COM

December 20, 2010

C. Mack Sewell  
State Epidemiologist  
New Mexico Department of Health  
1190 South St. Francis Drive  
Santa Fe, New Mexico 87502

*Meg -  
Please pull together the  
information requested as  
soon as possible. Thanks  
cc. Joan Baumgartner  
Chad Smelser  
Hobby Sanchez-Sandora*

**PUBLIC RECORDS REQUEST**

Outbreak of *E. coli* O157:H7  
Bravo Farms  
October and November 2010

**GENERAL OUTBREAK RECORDS REQUEST**

Dear Mr. Sewell:

Marler Clark represents individuals who were infected with *E. coli* O157:H7 in the above referenced outbreak. The New Mexico Department of Health (NMDH) participated in the outbreak investigation.

This letter is intended as a request for public records, pursuant to the federal Freedom of Information Act. Specifically, we are requesting copies of all public records on file at the NMDH related to the outbreak investigation. While the list below is not intended to be exhaustive, the kinds of public records sought *include but are not limited* to the following:

- written or electronic communication (email) within the NMDH, or between the NMDH and any other public agency about the outbreak investigation;
- investigation notes or recordings;
- all environmental and food testing results included PFGE analyses;
- postings on any computerized list serves such as Epi-X, Outbreak Net, Pulsenet, etc.;
- all documents related to product traceback
- all communications of any kind exchanged between the NMDH and any local, state, or federal agency about the outbreak and the investigation;

- all memorandum, announcements, press releases, electronic mail, reports, notes, meeting summaries, or writings of any kind that relate to the outbreak investigation; and,
- any final report or memorandum that discusses or summarizes the result of the outbreak investigation.

Please mail all related information and documents to my attention at the Marler Clark address: 701 Fifth Avenue, Suite 6600, Seattle, WA 98104. We are willing to pay all related reasonable fees and charges, if any.

Please do not hesitate to telephone me if the foregoing requests are unclear or confusing in any way. Otherwise, thank you in advance for your assistance and attention to this matter. We look forward to receiving your prompt response.

With sincere regards,

*Marijke Smith*

FOR

Patti Waller

Epidemiologist

NEW MEXICO DEPARTMENT OF HEALTH  
Secretary Alfredo Vigil, MD

For Immediate Release:  
Busemeyer  
November 5, 2010  
470-2290

Media contact: Deborah  
505-827-2619, Cell: 505-

### New Mexico Reports E.Coli Cases Connected to National Outbreak

(Santa Fe) – The New Mexico Department of Health is investigating three *E.coli* O157:H7 cases that match cases in four other states. The cases are preliminarily linked to Bravo Farms Dutch Style Gouda Cheese from Costco. A 41-year-old man and 7-year-old girl from Bernalillo County and a 4-year-old boy from Valencia County are recovering. No one in New Mexico was hospitalized.

The U.S. Food and Drug Administration announced last night that 25 cases of *E.coli* O157:H7 in five states (Colorado, Arizona, New Mexico, California and Nevada) are preliminarily linked to Bravo Farms Dutch Style Gouda Cheese from Costco. People who bought the cheese should not eat it. Costco is advising consumers to return any remaining Bravo Farms Dutch Style Gouda cheese they may have at home to Costco for a full refund. Costco has voluntarily removed the cheese from its stores and, using card purchase records, has notified consumers by phone of the situation.

The Department of Health has been collaborating with the City of Albuquerque's Health and Environment Department, the FDA, other affected states and Centers for Disease Control and Prevention to determine the cause of the E.coli cases.

Most people infected with *E. coli* O157:H7 develop diarrhea and abdominal cramps, but some illnesses may last longer and can be more severe. While most people recover within a week, some may develop a severe infection. Rarely, as symptoms of diarrhea improve, a type of kidney failure called hemolytic uremic syndrome (HUS) can occur; this can happen at any age but is most common in children younger than 5 years old and in older adults. People with HUS should be hospitalized immediately, as their kidneys may stop working and they may be at risk for other serious health problems.

As of November 4, 25 persons infected with the outbreak strain of *E. coli* O157:H7 have been reported from five states since mid-October. The number of ill persons identified in each state with this strain is as follows: AZ (11), CA (1), CO (8), NM (3) and NV (2). There have been nine reported hospitalizations, one possible case of HUS and no deaths.



**FDA Media Inquiries:** Siobhan DeLancey, 301-796-4668, [siobhan.delancey@fda.hhs.gov](mailto:siobhan.delancey@fda.hhs.gov)  
**Consumer Inquiries:** 888-INFO-FDA

###

For Immediate Release:  
Nov. 15, 2010

Media contacts: Chris Minnick, DOH, 575-649-4166  
Noreen Jaramillo, NMDA, 575-644-8607

**New Mexico Confirms Linkage of E.Coli Cases to Cheese in Multi State Outbreak**  
*Scientific Lab First in Nation to Confirm Outbreak Strain from Unopened Package*

(Las Cruces) – The New Mexico Department of Health’s Scientific Laboratory Division has confirmed the outbreak strain of E.coli 0157:H7 in an intact sample of Bravo Farms Dutch Style Gouda Cheese from Costco. The outbreak strain had been isolated at other laboratories in already opened packages of cheese, but this is the first confirmation from an intact cheese sample.

“This is an excellent example of cooperation among various local, state and federal agencies to stop an outbreak of a potentially harmful organism,” said Dr. C. Mack Sewell, state epidemiologist for the Department of Health. “Collaboration with the Dairy Division of the New Mexico Department of Agriculture led to the collection of the intact samples of cheese that definitively linked a specific brand to human cases.”

The current investigation involves multiple federal, state and local agencies including the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), other affected states and the City of Albuquerque’s Health and Environment Department to determine the cause of the E.coli 0157:H7 cases.

“In times like these, the New Mexico Department of Agriculture works closely with state and federal agencies to make sure our residents are protected and the impact from any food safety issue is kept to a minimum,” said Alf Reeb, NMDA dairy division director. “Within hours of this particular recall, we had some of our dairy inspectors at the stores to make sure the recalled products were off the store shelves and no longer available to consumers.”

Both the FDA and CDC have issued alerts to consumers and health professional about the outbreak. Based on current information, there is a link to the consumption of Bravo Farms Dutch Style Gouda Cheese (Costco Item 40654 manufactured by Bravo Farms, Traver, California) that was sold and offered as free samples for in-store testing from October 5 to November 1.

Thirty-seven people from five states including New Mexico have become sick with E.coli 0157:H7 since mid-October. New Mexico’s cases include a 41-year-old man, a 7-year-old girl from Bernalillo County and a 4-year-old boy from Valencia County who are all recovering. No one in New Mexico is hospitalized. Arizona has 19 cases reported, Colorado has 10, California has 3 and Nevada has two. Nationally there have been 15 reported hospitalizations, one case of hemolytic uremic syndrome and no deaths.



People who have any of the cheese should not eat it. People should return the cheese to the place of purchase or dispose of it in a closed plastic bag placed in a sealed trash can. This will prevent people or animals from eating it.

Most people infected with E. coli O157:H7 develop diarrhea and abdominal cramps, but some illnesses may last longer and can be more severe. While most people recover within a week, some may develop a severe infection. Rarely, as symptoms of diarrhea improve, a type of kidney failure called hemolytic uremic syndrome (HUS) can occur. This can happen at any age but is most common in children younger than 5 years old and in older adults. People with HUS should be hospitalized immediately, as their kidneys may stop working and they may be at risk for other serious health problems.

For more information visit the CDC website at: [www.cdc.gov/ecoli/2010/cheese0157/index.html](http://www.cdc.gov/ecoli/2010/cheese0157/index.html)

###

## Brief Synopsis of Costco Cheese E.coli O157:H7 Outbreak

1. Epi was notified by SLD when we had 3 cases of E.coli that had the same DNA fingerprint. These were then matched to an outbreak strain with human cases in Colorado and Arizona by using CDC's PulseNet database to compare DNA fingerprints of people sick with E. coli O157:H7.
2. Our public health nurses [REDACTED] in Albuquerque, and [REDACTED] in Los Lunas interviewed the case patients for food history and potential exposures. In talking to the other states on a conference call with CDC, the only common factor that we could come up with was that people had eaten free cheese samples at Costco during one of their "cheese road shows" that occurred over several days at a Costco in Albuquerque and at various Costcos in CO, AZ, and CA. There were 8 different cheeses used in the road show and different lots for each cheese, which complicated the investigation. One of the case patients interviewed by our public health nurse had a history of only eating one sample of gouda cheese and no other cheeses from the road show. This was an important clue in narrowing down the search.
3. [REDACTED] with the City of Albuquerque was able to obtain a couple of cheeses from the home of one of the case patients in Albuquerque. Those samples tested negative but were important in trying to eliminate those brands as potential exposures.
4. Arizona got a positive match on a sample of gouda cheese that had been opened by the family and put in a ziploc bag. While this was important information, without an intact sample it could be argued that the people contaminated the cheese after they got sick from some other exposure. Also it is important to have the lot number of the cheese as it gives you the production date so that you can go back to the factory where the cheese was made and look for anything unusual in the production on that day.
4. We talked to [REDACTED] at the Dairy Bureau of NMDA and he went out to Costco and was able to obtain two different lot numbers of unopened intact samples of the gouda cheese in question. This cheese was taken to SLD where [REDACTED] in Environmental Micro was able to isolate and confirm the E. coli O157:H7 organism and [REDACTED] were able to do the pulse field gel electrophoresis (PFGE, the DNA fingerprinting) to confirm that the isolate matched the outbreak strain in the case patients. Other SLD personnel also worked on this outbreak.
5. Lots of conference calls with CDC, FDA, and other states to try and coordinate findings and put out a warning to consumers. Costco also put out a recall on the cheese and used their extensive computer records to make a call to everyone who had purchased the cheese to bring it back.
6. As you can see, lots of cooperation in NMDOH and with other state and local agencies.

Gouda Lot num	IN ROAD SHOW BY STATE					Tested By State				
	AZ	CA	CO	NM	NV	AZ	CA	CO	NM	NV
,0152	Yes	Yes	Yes	Yes						
,0153	Yes	Yes	Yes	Yes						
,0154	Yes	Yes	Yes	Yes						
,0155	Yes	Yes	Yes	Yes						
,0159	Yes	Yes	Yes	Yes						
,0160	Yes	Yes	Yes	Yes						
,0161	Yes	Yes	Yes	Yes						
,0162	Yes	Yes	Yes	Yes						
,0166	Yes	Yes	Yes	Yes						
,0167	Yes	Yes	Yes	Yes						
,0168	Yes	Yes	Yes	Yes						1 Positive and 1 negative
,0169	Yes	Yes	Yes	Yes						
,0194	Yes	Yes	Yes	Yes						
,0195	Yes	Yes	Yes	Yes						
,0196	Yes	Yes	Yes	Yes						
,0197	Yes	Yes	Yes	Yes						
,0201	Yes	Yes	Yes	Yes						
,0202	Yes	Yes	Yes	Yes						
,0204	Yes	Yes	Yes	Yes						2 Negative
,0229			Yes							
,0230			Yes							
,0232			Yes							
,0238										2 Negative
										4 unknown lots tested (from case homes), 2 were positive and 2 were negative

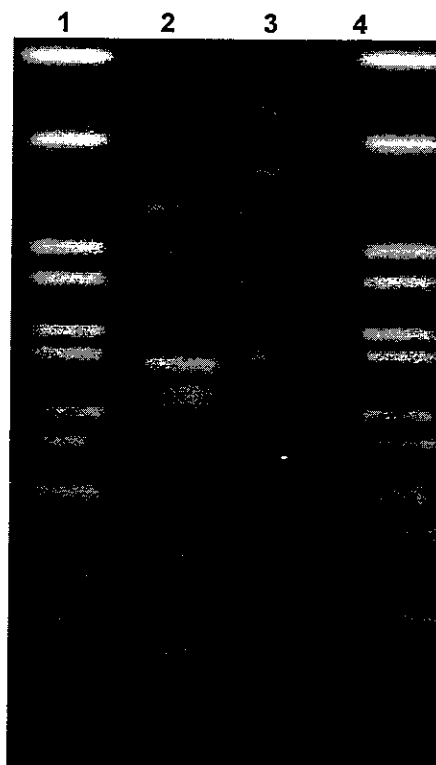




SLD#	DOB	Age	Gender	Submitter	Collected	Submitted	Source	Serotype	Enzyme	Lane	Match	Comments
EM10039732				Environmental Micro	11/5/2010	11/5/2010	Food	E. coli --pending	XbaI	2	Yes	Matches CDC Team cluster 1011COEXH-1 by XbaI and BlnI (EXHX01.2292/EXHA26.0621)
EM10039732				Environmental Micro	11/5/2010	11/5/2010	Food	E. coli --pending	BlnI	3	Yes	Matches CDC Team cluster 1011COEXH-1 by XbaI and BlnI (EXHX01.2292/EXHA26.0621)

\* Standards are in lanes 1 and 4.

\*\* This isolate is from an intact sample of Gouda cheese.

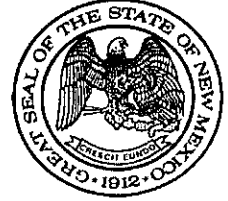


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**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 77627

Submitter: NMDA - Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102

Food Establishment: COSTCO  
RENNIANSE

Sample #: 2010039732      Date Collected: 11/5/2010 16:30  
Source: Food      Date Received: 11/5/2010 17:09  
Sample Condition: Sample Intact      Date Reported: 11/15/2010  
Field Sample ID: #1 RETURNED PRODUCT      Testing Reason: Suspected Foodborne Illness  
Sample Note: Bravo Farms Dutch Style Gouda, code date 06/30/2011 / 0168.

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Isolated.	11/15/2010	PET
Total Coliform-MPN	2400 MPN/g	11/15/2010	PET
Fecal Coliform-MPN	93 MPN/g	11/15/2010	PET

**Preliminary**



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 1101 Camino de Salud, N.E.  
 Albuquerque, NM 87102  
 (505) 383-9000

CAP: 6694801  
 NPI: 1548488414



LIMS Report #: 77454

Submitter: NMDA - Dairy Division  
 2604 Aztec NE  
 Albuquerque, NM 87107

Submitter Code: 369  
 Collector: DUSTIN COX  
 User Code: 70102

Food Establishment: COSTCO  
 RENNIANSE

Sample #: 2010039733 Date Collected: 11/5/2010 16:30  
 Source: Food Date Received: 11/5/2010 17:09  
 Sample Condition: Sample Intact Date Reported: 11/15/2010  
 Field Sample ID: #2 RETURNED PRODUCT Testing Reason: Suspected Foodborne Illness  
 Sample Note: Bravo Farms Dutch Style Gouda, CODE date 06/30/2011 / 0168.

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
Total Coliform-MPN	240 MPN/g	11/13/2010	PET
Fecal Coliform-MPN	43 MPN/g	11/13/2010	PET

**Final**

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 77455

Submitter: NMDA - Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102

Food Establishment: COSTCO  
RENNIANSE

Sample #: 2010039734      Date Collected: 11/5/2010 16:30  
Source: Food      Date Received: 11/5/2010 17:09  
Sample Condition: Sample Intact      Date Reported: 11/15/2010  
Field Sample ID: #3      Testing Reason: Suspected Foodborne Illness  
Sample Note: Bravo Farms Dutch Style Gouda, Code Date 08/23/2011 / 0238. Item # 40654.

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
Total Coliform-MPN	11000 MPN/g	11/13/2010	PET
Fecal Coliform-MPN	11000 MPN/g	11/13/2010	PET

**Final**

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 77456

Submitter: NMDA - Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102

Food Establishment: COSTCO  
RENNIANSE

Sample #: 2010039735      Date Collected: 11/5/2010 16:30  
Source: Food      Date Received: 11/5/2010 17:09  
Sample Condition: Sample Intact      Date Reported: 11/15/2010  
Field Sample ID: #4      Testing Reason: Suspected Foodborne Illness  
Sample Note: Bravo Farms Dutch Style Gouda, Code Date 08/23/2011 / 0238. Item # 40654.

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET

Final

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 78529

Submitter: NMDA - Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102

Food Establishment: COSTCO  
RENNIANSE

Sample #: 2010039736 Date Collected: 11/5/2010 16:30  
Source: Food Date Received: 11/5/2010 17:09  
Sample Condition: Sample Intact Date Reported: 11/19/2010  
Field Sample ID: #5 Testing Reason: Suspected Foodborne Illness  
Sample Note: Bravo Farms White Cheddar, item number 546314; Code/Lot 06/01/11.

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/18/2010	PET
Total Coliform-MPN	11000 MPN/g	11/18/2010	PET
Fecal Coliform-MPN	11000 MPN/g	11/18/2010	PET
Coliform Counts	>150 ECC CFU/g	11/18/2010	PET

Final

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 78530

Submitter: NMDA - Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102

Food Establishment: COSTCO  
RENNIANSE

Sample #: 2010039737      Date Collected: 11/5/2010 16:30  
Source: Food      Date Received: 11/5/2010 17:09  
Sample Condition: Sample Intact      Date Reported: 11/19/2010  
Field Sample ID: #6      Testing Reason: Suspected Foodborne Illness  
Sample Note: Bravo Farms Pepper Jack, item number 546314; Code/Lot 06/01/11.

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/18/2010	PET
Total Coliform-MPN	2400 MPN/g	11/18/2010	PET
Fecal Coliform-MPN	2400 MPN/g	11/18/2010	PET
Coliform Counts	>150 ECC CFU/g	11/18/2010	PET

**Final**

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #:

Submitter: NMDA - Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102

Food Establishment: COSTCO  
RENNIANSE

Sample #: 2010039738      Date Collected: 11/5/2010 16:30  
Source: Food      Date Received: 11/5/2010 17:09  
Sample Condition: Sample Intact      Date Reported:  
Field Sample ID: #7      Testing Reason: Suspected Foodborne Illness  
Sample Note: Bravo Farms Chipotle Cheddar, item number 546314; Code/Lot 06/01/11.

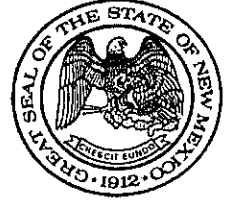
Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/19/2010	PET
Total Coliform-MPN	1500 MPN/g	11/19/2010	PET
Fecal Coliform-MPN	1500 MPN/g	11/19/2010	PET
Coliform Counts	>150 ECC CFU/g	11/19/2010	PET

Preview: Final

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 77997

Submitter: NMDA - Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102

Food Establishment: COSTCO  
RENNIANSE

Sample #: 2010039732      Date Collected: 11/5/2010 16:30  
Source: Food      Date Received: 11/5/2010 17:09  
Sample Condition: Sample Intact      Date Reported: 11/17/2010  
Field Sample ID: #1 RETURNED PRODUCT      Testing Reason: Suspected Foodborne Illness  
Sample Note: Bravo Farms Dutch Style Gouda, code date 06/30/2011 / 0168.

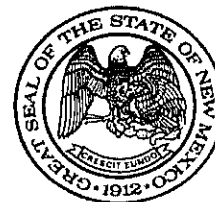
Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Organism Isolated	11/16/2010	PET
Escherichia coli Serotype	Escherichia coli O157:H7	11/16/2010	PET
Total Coliform-MPN	2400 MPN/g	11/15/2010	PET
Fecal Coliform-MPN	93 MPN/g	11/15/2010	PET

**Corrected**

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 80576

Submitter: Epidemiology Office  
1190 St. Francis Drive  
P.O. Box 26110  
Santa Fe, NM 87502

Submitter Code: 103  
Collector: MEG ADAMS  
User Code: 51000

Sample #: 2010039822      Date Collected: 11/8/2010 13:35  
Source: Food      Date Received: 11/8/2010 13:57  
Sample Condition: Sample Not Intact      Date Reported: 12/3/2010  
Field Sample ID: cheese      Testing Reason: Outbreak  
Sample Note:

Test	Result	Date Approved	Technician
Listeria species	Isolated	12/2/2010	PET
Listeria monocytogenes	Not Isolated	12/2/2010	KNE
Listeria species isolated	Listeria ivanovii	12/2/2010	KNE
Escherichia coli O157:H7	Not Isolated	12/2/2010	PET

Format



home cheese result email.txt

From: Adams-Cameron, Marguerite, DOH  
Sent: Wednesday, December 15, 2010 3:21 PM  
To: xxxxxxxx@xxx.com  
Subject: Lab results

Attachments: 2010039822.pdf

Mr. XXXXXXX,

The lab results you have requested were mailed to my attention at the Epidemiology and Response Division Office in Santa Fe in accordance with the policy of the NM Scientific Laboratory Division (SLD). I have attached a pdf for you to print for your records.

It is the complete and final report from SLD and shows there was no E. coli O157:H7 found in the cheese sample submitted. There was a different bacteria found called Listeria. It was tested and found "negative" for the most common species (monocytogenes). The final result was Listeria ivanovii found in the cheese sample submitted.

In reference to other information your attorney may request, be aware there is no laboratory test result on file for you or your wife that could confirm the presence of a specific bacteria linked to your illnesses.

Your attorney can obtain what information we have by submitting a Freedom of Information Act (FOIA) request to:

Kay Bird, Director of Community Relations  
New Mexico Department of Health  
Harold Runnels Building  
1190 St. Francis Drive  
Santa Fe, NM 87502

Meg Adams-Cameron, MPH  
Foodborne Epidemiologist  
Epidemiology and Response Division  
New Mexico Department of Health

phone:

Abq. (505) 383-9016  
SF (505) 827-2694

New Mexico Department of Health  
 Shiga toxin-producing *E. coli* (STEC) and Hemolytic Uremic Syndrome (HUS) Questionnaire

already submitted flu  
 specimen yest. → Tricon

**DEMOGRAPHICS**

Interviewed by J Ferreira on 10, 27, 10

Respondent was:  self  parent  caretaker  other: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: 3 17 103 OR Age: \_\_\_\_\_ Sex:  M  F

Respondent name (if not self): \_\_\_\_\_

Address: \_\_\_\_\_

City: ABQ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: student

If foodhandler or provides direct patient care or daycare, what is the date you last worked? 1/1

Name & location of employer/daycare/school: \_\_\_\_\_

**SYMPTOMS**

I'm going to read off a list of symptoms. For each one tell me "yes" or "no". Did you experience any...

Headache  Y  N  DK

Nausea  Y  N  DK

Vomiting  Y  N  DK

If yes, what date did the vomiting start? 3x 10, 20, 10

Diarrhea  Y  N  DK If yes, max number of stools in any 24-hour period: hourly x 24

On what date did the diarrhea start? 10, 19, 10

Date of last diarrhea episode: 10, 23, 10.

Blood in stool  Y  N  DK

Muscle aches  Y  N  DK

Abdominal cramps  Y  N  DK

Unusual fatigue  Y  N  DK

Chills  Y  N  DK wed 99

Fever Tues. 100.9  Y  N  DK If yes,  subjective or 100.9 (max)

Other symptom  Y  N  DK Specify: edema feet/hands

Other symptom  Y  N  DK Specify: \_\_\_\_\_

Name: [REDACTED]

**OTHER CLINICAL INFO**

Did you visit an emergency room, urgent care or doctor's office for your illness?  Y  N  DK

If yes, where: Pres Main ED when: 10/20/10

Were you hospitalized overnight for this illness?  Y  N  DK If yes, hospital name: \_\_\_\_\_

Admit Date: \_\_\_/\_\_\_/\_\_\_ Discharge Date: \_\_\_/\_\_\_/\_\_\_ Duration of stay (days): \_\_\_\_\_

Were you transferred to another hospital for this illness?  Y  N  DK If yes, hospital name: \_\_\_\_\_

Admit Date: \_\_\_/\_\_\_/\_\_\_ Discharge Date: \_\_\_/\_\_\_/\_\_\_ Duration of stay (days): \_\_\_\_\_

Did you give a stool specimen?  Y  N  DK

If yes, to whom: Pres ED when: 10/20/10  
result: \_\_\_\_\_

Did you take any antibiotics for this illness?  Y  N  DK

If yes, which antibiotic: \_\_\_\_\_ when: \_\_\_/\_\_\_/\_\_\_

Did you take any antidiarrheal medications for this illness after onset of symptoms?  Y  N  DK

If yes, which antidiarrheals: loprimide when: 10/10/10

Did anyone in your household have a similar illness before or after your illness?  Y  N  DK

If yes, name: \_\_\_\_\_ onset date: \_\_\_/\_\_\_/\_\_\_  
name: \_\_\_\_\_ onset date: \_\_\_/\_\_\_/\_\_\_

Do you know of anyone in your (neighborhood/school/daycare/work/church/synagogue etc.) that had a similar illness before or after your illness?  Y  N  DK

If yes, name: \_\_\_\_\_ onset date: \_\_\_/\_\_\_/\_\_\_  
name: \_\_\_\_\_ onset date: \_\_\_/\_\_\_/\_\_\_

*asked @ school - no other cases known*

**GENERAL EXPOSURES**

Now I have some questions about things you might have done during the 7 days before you became sick, so that would be from 10/10/10 to 10/16/10

During the 7 days before your illness, did you attend any gatherings? (e.g., wedding reception, showers, church events, clubs, school events, athletic events, office parties or banquets, parties, festivals, fairs)  Y  N  DK

If yes, what events?

Event 1: \_\_\_\_\_ location: \_\_\_\_\_ when: \_\_\_/\_\_\_/\_\_\_

Event 2: \_\_\_\_\_ location: \_\_\_\_\_ when: \_\_\_/\_\_\_/\_\_\_

Event 3: \_\_\_\_\_ location: \_\_\_\_\_ when: \_\_\_/\_\_\_/\_\_\_

OPEN ENDED FOOD HISTORY

Now I'm going to ask you to tell me what you ate during the 5 days before you started feeling sick. We'll start with the day before you got sick and work backwards.

Day before illness onset, 10, 17, 10

Meal	Time of meal	Home	Out	Location (if not at home)	Foods eaten
Breakfast		<input checked="" type="checkbox"/>	<input type="checkbox"/>		pancakes + turkey bacon
Lunch		<input checked="" type="checkbox"/>	<input type="checkbox"/>		maybe PB + honey sandwich.
Dinner		<input checked="" type="checkbox"/>	<input type="checkbox"/>		cheese + crackers, snacks
Snacks		<input checked="" type="checkbox"/>	<input type="checkbox"/>		crackers, cereal (dry)

} water.

2 days before illness onset, 10, 16, 10

Meal	Time of meal	Home	Out	Location (if not at home)	Foods eaten
Breakfast		<input checked="" type="checkbox"/>	<input type="checkbox"/>		leftover pizza from Costco?
Lunch		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Dinner		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Snacks		<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**ANIMAL EXPOSURES**

During the 7 days before your illness, did you have any pets at home, have contact with household pets elsewhere, or visit a household with pets?  Y  N  DK

If yes, what type of pets: \_\_\_\_\_

Did you acquire a new pet in the 7 days before your illness?  Y  N  DK

If you own pets, where do you buy pet food: \_\_\_\_\_ brand: \_\_\_\_\_

During the 7 days before your illness, did you handle any pet treats like pig ears or rawhide chews at home or anywhere else?  Y  N  DK

If yes, what type of pet treats: \_\_\_\_\_ brand: \_\_\_\_\_

During the 7 days before your illness, did you have direct contact with any farm animals?  Y  N  DK

If yes, what kind of farm animals: \_\_\_\_\_ where: \_\_\_\_\_

During the 7 days before your illness, did you visit an animal feed store, pet store, swap meet, or other places where animals or birds were sold or shown?  Y  N  DK

If yes, what kind of animals: \_\_\_\_\_ where: \_\_\_\_\_

During the 7 days before your illness, did you visit a farm, petting zoo or state/county fair?  Y  N  DK

If yes, what kinds of animals: \_\_\_\_\_ where: \_\_\_\_\_

During the 7 days before your illness, did you do any gardening?  Y  N  DK If yes, when: \_\_\_/\_\_\_/\_\_\_

During the 7 days before your illness, did you apply animal manure or compost derived from animal manure to your yard?  Y  N  DK

If yes, what type of manure (e.g., sheep, cow): \_\_\_\_\_ when: \_\_\_/\_\_\_/\_\_\_

what type of compost (e.g., sheep, cow): \_\_\_\_\_ when: \_\_\_/\_\_\_/\_\_\_

**FOOD EXPOSURES**

Now I am going to ask you about specific foods and beverages you might have eaten in the 7 days before you got sick.

In the seven (7) days before illness began did the case-patient consume...

Ground beef or hamburger?  Y  N  DK If yes, specify:

If yes, Raw, rare, or undercooked (pink)  Y  N  DK If yes, specify:

In a home or private setting  Y  N  DK If yes, specify:

In or from a sit-down or table service restaurant  Y  N  DK If yes, specify:

In or from a fast food restaurant  Y  N  DK If yes, specify:

Steak or roast beef  Y  N  DK If yes, specify:

Game meat (e.g., elk, venison)  Y  N  DK If yes, specify:

Pepperoni, salami, or summer sausage  Y  N  DK If yes, specify: Costco pizza pepperoni

Jerky  Y  N  DK If yes, specify:

Any poultry (e.g., chicken or turkey)  Y  N  DK If yes, specify: home. saute

Any other type of meat  Y  N  DK If yes, specify: deli meat Hormel?

Unpasteurized juice or cider  Y  N  DK If yes, specify: turkey chicken Virginia ham

Unpasteurized (raw) milk  Y  N  DK If yes, specify:

Unpasteurized (raw) cheese or yogurt  Y  N  DK If yes, specify:

Any fresh lettuce  Y  N  DK If yes, specify:

If yes, any bagged or pre-packaged  Y  N  DK If yes, specify: both > Costco

Any fresh spinach  Y  N  DK If yes, specify:

If yes, any bagged or pre-packaged  Y  N  DK If yes, specify:

Any fresh or raw sprouts  Y  N  DK If yes, specify:

unwashed raw strawberries @ Costco 10/15

Montego cheese  
parmesan cheese.  
strawberries

During the 7 days before your illness, did you spend any nights away from home?  Y  N  DK

If yes, where: \_\_\_\_\_ when: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If commercial travel or public transportation (e.g., airline, train, bus, train, etc) what company/service(s)

outgoing transportation trip #: \_\_\_\_\_ return transportation trip #: \_\_\_\_\_

foods eaten on transportation going there: \_\_\_\_\_

foods eaten on transportation coming back: \_\_\_\_\_

If stayed at resort, what resort: \_\_\_\_\_

If cruise ship, name of ship: \_\_\_\_\_ destinations: \_\_\_\_\_

During the 7 days before your illness, did you attend a daycare, work at a daycare or have contact with someone that attends daycare (e.g., adult daycare, childcare center, or in-home care)?  Y  N  DK

If yes, when: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of daycare: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you aware of any other illness in the daycare?  Y  N  DK

During the 7 days before your illness, did you attend or work in a residential facility or institution (e.g., jail, nursing home)?  Y  N  DK

If yes, when: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you aware of any other illness in this setting?  Y  N  DK

During the 7 days before your illness, what types of water did you drink at home and away from home?

Municipal tap water  Y  N  DK

Private well water  Y  N  DK

Untreated surface water (River, pond, lake, etc)  Y  N  DK

Bottled water  Y  N  DK

Other source: Brita filtered

During the 7 days before your illness, did you do any swimming or wading?  Y  N  DK

If yes, where: Ocean/sea  Y  N  DK If yes, location: \_\_\_\_\_

Pool  Y  N  DK If yes, location: \_\_\_\_\_

Lake  Y  N  DK If yes, location: \_\_\_\_\_

Pond  Y  N  DK If yes, location: \_\_\_\_\_

River  Y  N  DK If yes, location: \_\_\_\_\_

Other  Y  N  DK If yes, location: \_\_\_\_\_

**ADDITIONAL DEMOGRAPHIC QUESTIONS**

**Binational Case Question (in Custom Fields section of Investigation)**

During the incubation and/or infectious period of the patient's disease, did the patient visit, travel in, or live in Mexico or any other foreign country? (Refer to Incubation Period Table to determine time period of interest)  No  Unknown  Yes

If yes, specify country: \_\_\_\_\_

During the incubation and/or infectious period of the patient's disease, did the patient have contact with anyone who visited, traveled in or lived in Mexico or any other foreign country? (Refer to Incubation Period Table to determine time period of interest)  No  Unknown  Yes

If yes, specify country: \_\_\_\_\_

*Now I would like to ask you some questions about your (or your child's) race and ethnicity. These questions are important for helping us know what diseases are affecting different groups of New Mexicans. Again, all the information you provide is strictly confidential.*

**Ethnicity (in Patient tab of Investigation)**

Do you consider yourself (or your child) to be any of the following:

Hispanic or Latino or Chicano?  No  Yes

If the answer is not "Yes/No," or the patient responds with a question (e.g., "my mother is from Mexico and my father is of German descent from Wisconsin, so what does that make me?"), counter with a statement such as "how do you identify yourself (or your child)?"

If alternate response given ("I don't know" or "I can't tell you" or "It's none of your business"), leave blank and go to Q2.

**Race (in Patient tab of Investigation)**

What race or races do you consider yourself (or your child) to be? You may select more than one (ask the patient to respond to each option):

- White  No  Yes
- American Indian or Alaskan Native  No  Yes
- Black or African American  No  Yes
- Asian  No  Yes
- Native Hawaiian or Pacific Islander  No  Yes
- Another race I didn't mention  No  Yes
- Don't know  No  Yes

Specify another race: \_\_\_\_\_

If the respondent still answers "Hispanic" (or another Hispanic category) to the race question, ask the following: "Would you say White Hispanic, American Indian Hispanic, Black/African-American Hispanic or Asian Hispanic?" Or reassure the patient by saying "People can be White Hispanic, American Indian Hispanic, Black/African-American Hispanic or Asian Hispanic. How would you identify yourself (or your child)?" The race should then be coded based on White, American Indian, Black/African-American or Asian. If the respondent won't commit, leave blank.

**Tribal Affiliation (in Patient tab of Investigation)**

If American Indian or Alaskan Native, what is your (or your child's) tribal affiliation? \_\_\_\_\_

If American Indian or Alaskan Native, do you (does your child) currently live on the reservation or pueblo at least part of each week?  No  Yes

**Country of Birth (in Patient tab of Investigation)**

In which country were you (was your child) born? US

**Primary Language (in Patient tab of Investigation)**

What is the patient's (guardian's) primary language? English

**Occupation (in Patient tab of Investigation)**

What is your (your child's) occupation?  Child Care Worker  Food Handler  Healthcare Practitioner  Student  Teacher  Unemployed  Other

If other occupation, specify: \_\_\_\_\_

Name of employer or school: \_\_\_\_\_

[Please consider whether exclusion criteria apply to this individual based on occupation or attendance at a daycare center. Refer to the communicable disease manual for more information.]

That's all the questions I have for you. Thanks for your time and patience. Just in case we have additional questions, do we have the best contact information for you? (Please check demographic information on page 1.) Do you have any questions for me?



~~XXXXXXXXXX~~

requested receipt → in mail

Fri Oct 15 I-25 + Montana  
Oct 5

cheese madshaw  
parmesan  
smoked mozz.  
english cheddar

entire family  
vomiting/diarrhea.  
2yo + husband. → 7yo vomiting.  
~~test~~  
ivon.  
11/1

apples maykate a sick.  
strawberries ✓ in car ate  
rasp " didn't eat  
spinach ate after sxs  
mini artisanal lettuce - ate after sick  
fingerling potatoes didn't eat a sxs.  
Costco take + bake pepp pizza & ate that night.  
parmesan. yes. → fam all ate  
eggs organic → didn't eat.  
bottle wine

ate samples  
15<sup>th</sup>  
sxs 18<sup>th</sup>

cheese specimens to lab 11/3

STEC and HUS Questionnaire

Name: 

3 days before illness onset, 10, 15, 10 Fri

Meal	Time of meal	Home	Out	Location (if not at home)	Foods eaten
Breakfast		<input checked="" type="checkbox"/>	<input type="checkbox"/>		eggs + toast
Lunch		<input checked="" type="checkbox"/>	<input type="checkbox"/>		turkey sandwich mandarin oranges water
Dinner		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Costco (I-25+Montano)	Pizza @ Costco, samples cheese
Snacks		<input checked="" type="checkbox"/>	<input type="checkbox"/>		

4 days before illness onset, 10, 14, 10 Th

Meal	Time of meal	Home	Out	Location (if not at home)	Foods eaten
Breakfast		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Lunch		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Dinner		<input checked="" type="checkbox"/>	<input type="checkbox"/>		chicken w/ garlic, salad
Snacks		<input checked="" type="checkbox"/>	<input type="checkbox"/>		

5 days before illness onset, 10, 13, 10

Meal	Time of meal	Home	Out	Location (if not at home)	Foods eaten
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>		
Lunch		<input type="checkbox"/>	<input type="checkbox"/>		no idea
Dinner		<input type="checkbox"/>	<input type="checkbox"/>		
Snacks		<input type="checkbox"/>	<input type="checkbox"/>		

New Mexico Department of Health  
 Shiga toxin-producing *E. coli* (STEC) and Hemolytic Uremic Syndrome (HUS) Questionnaire

**DEMOGRAPHICS**

Interviewed by J Ferreira on 10/29/10

Respondent was:  self  parent  caretaker  other: \_\_\_\_\_

Name: [REDACTED] DOB: 1/13/69 OR Age: \_\_\_\_\_ Sex:  M  F

Respondent name (if not self): \_\_\_\_\_

Address: [REDACTED]

City: ABQ County: Bern Zip: 87111

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: [REDACTED]

Occupation: [REDACTED]

If foodhandler or provides direct patient care or daycare, what is the date you last worked? 1/1/10

Name & location of employer/daycare/school: [REDACTED]

**SYMPTOMS**

I'm going to read off a list of symptoms. For each one tell me "yes" or "no". Did you experience any...

Headache  Y  N  DK

Nausea  Y  N  DK

Vomiting  Y  N  DK

If yes, what date did the vomiting start? 10/21/10

Diarrhea  Y  N  DK If yes, max number of stools in any 24-hour period: \_\_\_\_\_

On what date did the diarrhea start? 10/19/10

Date of last diarrhea episode: ongoing. to 1/1/10

Blood in stool  Y  N  DK

Muscle aches  Y  N  DK

Abdominal cramps  Y  N  DK

Unusual fatigue  Y  N  DK

Chills  Y  N  DK

Fever  Y  N  DK If yes,  subjective or \_\_\_\_\_ (max) unknown

Other symptom  Y  N  DK Specify: \_\_\_\_\_

Other symptom  Y  N  DK Specify: \_\_\_\_\_

Tues 10/19 loose stools.

o/po intake 21st-24th

**OTHER CLINICAL INFO**

Did you visit an emergency room, urgent care or doctor's office for your illness?  Y  N  DK

If yes, where: \_\_\_\_\_ when: 10/22/10

Were you hospitalized overnight for this illness?  Y  N  DK If yes, hospital name: \_\_\_\_\_

Admit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration of stay (days): \_\_\_\_

Were you transferred to another hospital for this illness?  Y  N  DK If yes, hospital name: \_\_\_\_\_

Admit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration of stay (days): \_\_\_\_

Did you give a stool specimen?  Y  N  DK

If yes, to whom: \_\_\_\_\_ when: 10/23/10  
result: \_\_\_\_\_

Did you take any antibiotics for this illness?  Y  N  DK

If yes, which antibiotic: \_\_\_\_\_ when: 10/22/10

Did you take any antidiarrheal medications for this illness after onset of symptoms?  Y  N  DK

If yes, which antidiarrheals: Pepto Bismol when: 10/21/10

Did anyone in your household have a similar illness before or after your illness?  Y  N  DK

If yes, name: \_\_\_\_\_ onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
name: \_\_\_\_\_ onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you know of anyone in your (neighborhood/school/daycare/work/church/synagogue etc.) that had a similar illness before or after your illness?  Y  N  DK

If yes, name: \_\_\_\_\_ onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
name: \_\_\_\_\_ onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**GENERAL EXPOSURES**

Now I have some questions about things you might have done during the 7 days before you became sick, so that would be from 10/12/10 to 10/19/10.

During the 7 days before your illness, did you attend any gatherings? (e.g., wedding reception, showers, church events, clubs, school events, athletic events, office parties or banquets, parties, festivals, fairs)  Y  N  DK

If yes, what events?

- Event 1: \_\_\_\_\_ location: \_\_\_\_\_ when: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Event 2: \_\_\_\_\_ location: \_\_\_\_\_ when: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Event 3: \_\_\_\_\_ location: \_\_\_\_\_ when: \_\_\_\_/\_\_\_\_/\_\_\_\_

STEC and HUS Questionnaire

Fri & Sat 10/22+23rd  
Tues 10/19  
Name: \_\_\_\_\_

During the 7 days before your illness, did you spend any nights away from home?  Y  N  DK

If yes, where: \_\_\_\_\_ when: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If commercial travel or public transportation (e.g., airline, train, bus, train, etc) what company/service(s)

\_\_\_\_\_ outgoing transportation trip #: \_\_\_\_\_ return transportation trip #: \_\_\_\_\_

foods eaten on transportation going there: \_\_\_\_\_

foods eaten on transportation coming back: \_\_\_\_\_

If stayed at resort, what resort: \_\_\_\_\_

If cruise ship, name of ship: \_\_\_\_\_ destinations: \_\_\_\_\_

During the 7 days before your illness, did you attend a daycare, work at a daycare or have contact with someone that attends daycare (e.g., adult daycare, childcare center, or in-home care)?  Y  N  DK

If yes, when: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of daycare: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you aware of any other illness in the daycare?  Y  N  DK

During the 7 days before your illness, did you attend or work in a residential facility or institution (e.g., jail, nursing home)?  Y  N  DK

If yes, when: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you aware of any other illness in this setting?  Y  N  DK

During the 7 days before your illness, what types of water did you drink at home and away from home?

Municipal tap water  Y  N  DK

Private well water  Y  N  DK

Untreated surface water (River, pond, lake, etc)  Y  N  DK

Bottled water  Y  N  DK

Other source: \_\_\_\_\_

During the 7 days before your illness, did you do any swimming or wading?  Y  N  DK

If yes, where: Ocean/sea  Y  N  DK If yes, location: \_\_\_\_\_

Pool  Y  N  DK If yes, location: \_\_\_\_\_

Lake  Y  N  DK If yes, location: \_\_\_\_\_

Pond  Y  N  DK If yes, location: \_\_\_\_\_

River  Y  N  DK If yes, location: \_\_\_\_\_

Other  Y  N  DK If yes, location: \_\_\_\_\_

**ANIMAL EXPOSURES**

During the 7 days before your illness, did you have any pets at home, have contact with household pets elsewhere, or visit a household with pets?  Y  N  DK

If yes, what type of pets: dogs - healthy

Did you acquire a new pet in the 7 days before your illness?  Y  N  DK

If you own pets, where do you buy pet food: Costco brand: Kirkland.

During the 7 days before your illness, did you handle any pet treats like pig ears or rawhide chews at home or anywhere else?  Y  N  DK

If yes, what type of pet treats: possibly. brand: \_\_\_\_\_

During the 7 days before your illness, did you have direct contact with any farm animals?  Y  N  DK

If yes, what kind of farm animals: \_\_\_\_\_ where: \_\_\_\_\_

During the 7 days before your illness, did you visit an animal feed store, pet store, swap meet, or other places where animals or birds were sold or shown?  Y  N  DK

If yes, what kind of animals: \_\_\_\_\_ where: \_\_\_\_\_

During the 7 days before your illness, did you visit a farm, petting zoo or state/county fair?  Y  N  DK

If yes, what kinds of animals: \_\_\_\_\_ where: \_\_\_\_\_

During the 7 days before your illness, did you do any gardening?  Y  N  DK If yes, when: \_\_\_/\_\_\_/\_\_\_

During the 7 days before your illness, did you apply animal manure or compost derived from animal manure to your yard?  Y  N  DK

If yes, what type of manure (e.g., sheep, cow): \_\_\_\_\_ when: \_\_\_/\_\_\_/\_\_\_

what type of compost (e.g., sheep, cow): \_\_\_\_\_ when: \_\_\_/\_\_\_/\_\_\_

**FOOD EXPOSURES**

Now I am going to ask you about specific foods and beverages you might have eaten in the 7 days before you got sick.

In the seven (7) days before illness began did the case-patient consume...

Ground beef or hamburger?  Y  N  DK *If yes, specify:*

*If yes, Raw, rare, or undercooked (pink)*  Y  N  DK *If yes, specify:*

In a home or private setting  Y  N  DK *If yes, specify:*

In or from a sit-down or table service restaurant  Y  N  DK *If yes, specify:*

In or from a fast food restaurant  Y  N  DK *If yes, specify:*

*burger. five Guys - Mon 10/18*

Steak or roast beef  Y  N  DK *If yes, specify:*

Game meat (e.g., elk, venison)  Y  N  DK *If yes, specify:*

Pepperoni, salami, or summer sausage  Y  N  DK *If yes, specify:*

Jerky  Y  N  DK *If yes, specify:*

Any poultry (e.g., chicken or turkey)  Y  N  DK *If yes, specify:*

*10/18 chicken - Mon cooked at home boiled*

Any other type of meat  Y  N  DK *If yes, specify:*

*pork chops.*

Unpasteurized juice or cider  Y  N  DK *If yes, specify:*

Unpasteurized (raw) milk  Y  N  DK *If yes, specify:*

Unpasteurized (raw) cheese or yogurt  Y  N  DK *If yes, specify:*

Any fresh lettuce  Y  N  DK *If yes, specify:*

*If yes, any bagged or pre-packaged*  Y  N  DK *If yes, specify:*

Any fresh spinach  Y  N  DK *If yes, specify:*

*If yes, any bagged or pre-packaged*  Y  N  DK *If yes, specify:*

Any fresh or raw sprouts  Y  N  DK *If yes, specify:*

**OPEN ENDED FOOD HISTORY**

Now I'm going to ask you to tell me what you ate during the 5 days before you started feeling sick. We'll start with the day before you got sick and work backwards.

Day before illness onset, 10/18/10 off of work

Meal	Time of meal	Home	Out	Location (if not at home)	Foods eaten
Breakfast	none	<input type="checkbox"/>	<input type="checkbox"/>		
Lunch		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Five Guys	burger
Dinner		<input checked="" type="checkbox"/>	<input type="checkbox"/>		chicken enchiladas
Snacks		<input type="checkbox"/>	<input type="checkbox"/>		

2 days before illness onset, 10/17/10

Meal	Time of meal	Home	Out	Location (if not at home)	Foods eaten
Breakfast	none	<input type="checkbox"/>	<input type="checkbox"/>		
Lunch		<input type="checkbox"/>	<input checked="" type="checkbox"/>	take-out.	pizza pepperoni
Dinner		<input type="checkbox"/>	<input type="checkbox"/>		
Snacks		<input type="checkbox"/>	<input type="checkbox"/>		



3 days before illness onset, 10/16/10 Sat

Meal	Time of meal	Home	Out	Location (if not at home)	Foods eaten
Breakfast	none	<input type="checkbox"/>	<input type="checkbox"/>		
Lunch		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Costco IZS-Montauo	hot dog & cole
Dinner		<input checked="" type="checkbox"/>	<input type="checkbox"/>		pork chop
Snacks		<input type="checkbox"/>	<input type="checkbox"/>		

4 days before illness onset, 10/15/10 Fri

Meal	Time of meal	Home	Out	Location (if not at home)	Foods eaten
Breakfast	none	<input type="checkbox"/>	<input type="checkbox"/>		
Lunch		<input checked="" type="checkbox"/>	<input type="checkbox"/>		pork chop & rice
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	unknown	
Snacks		<input type="checkbox"/>	<input type="checkbox"/>		

5 days before illness onset, 10/14/10 Thurs.

Meal	Time of meal	Home	Out	Location (if not at home)	Foods eaten
Breakfast	none	<input type="checkbox"/>	<input type="checkbox"/>		
Lunch		<input checked="" type="checkbox"/>	<input type="checkbox"/>		PB & J butter
Dinner		<input checked="" type="checkbox"/>	<input type="checkbox"/>		pork chop & rice
Snacks		<input type="checkbox"/>	<input type="checkbox"/>		

**ADDITIONAL DEMOGRAPHIC QUESTIONS**

**Binational Case Question (in Custom Fields section of Investigation)**

During the incubation and/or infectious period of the patient's disease, did the patient visit, travel in, or live in Mexico or any other foreign country? (Refer to Incubation Period Table to determine time period of interest)  No  Unknown  Yes

If yes, specify country: \_\_\_\_\_

During the incubation and/or infectious period of the patient's disease, did the patient have contact with anyone who visited, traveled in or lived in Mexico or any other foreign country? (Refer to Incubation Period Table to determine time period of interest)  No  Unknown  Yes

If yes, specify country: \_\_\_\_\_

*Now I would like to ask you some questions about your (or your child's) race and ethnicity. These questions are important for helping us know what diseases are affecting different groups of New Mexicans. Again, all the information you provide is strictly confidential.*

**Ethnicity (in Patient tab of Investigation)**

Do you consider yourself (or your child) to be any of the following:

Hispanic or Latino or Chicano?  No  Yes

If the answer is not "Yes/No," or the patient responds with a question (e.g., "my mother is from Mexico and my father is of German descent from Wisconsin, so what does that make me?"), counter with a statement such as "how do you identify yourself (or your child)?"

If alternate response given ("I don't know" or "I can't tell you" or "It's none of your business"), leave blank and go to Q2.

**Race (in Patient tab of Investigation)**

What race or races do you consider yourself (or your child) to be? You may select more than one (ask the patient to respond to each option):

- White  No  Yes
- American Indian or Alaskan Native  No  Yes
- Black or African American  No  Yes
- Asian  No  Yes
- Native Hawaiian or Pacific Islander  No  Yes
- Another race I didn't mention  No  Yes
- Don't know  No  Yes

Specify another race: \_\_\_\_\_

If the respondent still answers "Hispanic" (or another Hispanic category) to the race question, ask the following: "Would you say White Hispanic, American Indian Hispanic, Black/African-American Hispanic or Asian Hispanic?" Or reassure the patient by saying "People can be White Hispanic, American Indian Hispanic, Black/African-American Hispanic or Asian Hispanic. How would you identify yourself (or your child)?" The race should then be coded based on White, American Indian, Black/African-American or Asian. If the respondent won't commit, leave blank.

**Tribal Affiliation (in Patient tab of Investigation)**

If American Indian or Alaskan Native, what is your (or your child's) tribal affiliation? \_\_\_\_\_

If American Indian or Alaskan Native, do you (does your child) currently live on the reservation or pueblo at least part of each week?  No  Yes

**Country of Birth (in Patient tab of Investigation)**

In which country were you (was your child) born? US

**Primary Language (in Patient tab of Investigation)**

What is the patient's (guardian's) primary language? English

**Occupation (in Patient tab of Investigation)**

What is your (your child's) occupation?  Child Care Worker  Food Handler  Healthcare Practitioner  Student  Teacher  Unemployed  Other

If other occupation, specify: \_\_\_\_\_

Name of employer or school: \_\_\_\_\_

*[Please consider whether exclusion criteria apply to this individual based on occupation or attendance at a daycare center. Refer to the communicable disease manual for more information.]*

That's all the questions I have for you. Thanks for your time and patience. Just in case we have additional questions, do we have the best contact information for you? (Please check demographic information on page 1.) Do you have any questions for me?

~~\_\_\_\_\_~~  
10/16 Costco I-25 + Montano  
hot dog + coke.

\*  
cheese samples.  
that location Oct. 14<sup>th</sup> → 17<sup>th</sup>

Cat food

ate {  
parmesan dry  
smoked gouda  
smoked mozzarella.

\* at Costco {  
Fri 10/15  
and  
Sat 10/16

ate samples  
15<sup>th</sup> or 16<sup>th</sup>  
Sxs onset  
19<sup>th</sup>

\* member # ~~\_\_\_\_\_~~

Message Confirmation Report

JAN-10-2011 02:11 PM MON

WorkCentre M20i Series

Machine ID : PHD REGION 1 3  
 Serial Number : RYU011770.....  
 Fax Number : 5058414147

Name/Number : 93839062  
 Page : 1  
 Start Time : JAN-10-2011 02:10PM MON  
 Elapsed Time : 00'52"  
 Mode : STD G3  
 Results : O.K

NEW MEXICO DEPARTMENT OF HEALTH		GENERAL CLINICAL REQUEST FORM Scientific Laboratory Division 700 Camino de Salud N.E. - P.O. Box 4700 Albuquerque, NM 87190-4700		SLD LAB NO. ONLY ONE FORM PER SPECIMEN PLEASE PRINT LEGIBLY																																																													
SLD DCS Form 101 Rev. 7/2009		USER CODES -->>		51000 (Epidemiology)																																																													
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USE >>>		<<< TIME		52110 (PHD:Prenatal)																																																													
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				62120 (PHD:Family Plan)																																																													
				52330 (PHD:TB Program)																																																													
				52350 (PHD:HB Immun.)																																																													
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SUBMITTER CODE <u>21216</u>			PATIENT NAME <u>[REDACTED]</u>																																																														
SUBMITTER NAME <u>Stanford Ptho</u>			GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER																																																														
ADDRESS <u>1111 Stanford NE</u>			DATE OF BIRTH MM/DD/YYYY <u>5/21/23</u>																																																														
<u>Albuquerque NM 87106</u>			ADDRESS <u>[REDACTED]</u>																																																														
PHONE <u>(505) 841-4100</u>			PATIENT ID (MRN#)																																																														
ATTENTION:			SOCIAL SECURITY #																																																														
CLINICIAN NAME <u>Ferreira Juliana</u>			OTHER ID (HIV#)																																																														
PHONE # <u>( ) 841-4176</u>			RACE: Check all that apply.																																																														
			<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American																																																														
			<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other																																																														
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<input type="checkbox"/> Aerobic acid/nomycetes		<input type="checkbox"/> Culture		Agent(s) Suspected:																																																													
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				Not Performed _____																																																													
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				Other Specify: <u>HPV (51,52,53)</u>																																																													

## Adams-Cameron, Marguerite, DOH

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**From:** Ferreira, Julianna, DOH  
**Sent:** Monday, January 10, 2011 4:20 PM  
**To:** Adams-Cameron, Marguerite, DOH  
**Subject:** FW: STEC cases  
**Attachments:** Costco Products 11.3.10 003.jpg; Costco Products 11.3.10 004.jpg; Costco Products 11.3.10 001.jpg; Costco Products 11.3.10 002.jpg

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**From:** Espinoza, Judy A. [<mailto:jespinoza@cabq.gov>]  
**Sent:** Wednesday, November 03, 2010 1:36 PM  
**To:** Ferreira, Julianna, DOH  
**Cc:** Powers, Cathy, DOH; Smelser, Chad, DOH; Torres, Paul, DOH; Kistin, Naomi, DOH  
**Subject:** RE: STEC cases

Hi,

I picked up three specimens this morning from the home of one case and delivered them to SLD. I took the attached pictures in the home so there would be a record of how they were found at the home. The pictures are not as clear as I would like them but as you can see, both cheeses were opened but had the original packaging. The strawberry tops were in a Ziploc bag and as reported by the Mom kept in the car until this morning. Also, I delivered a copy of the receipt to Cathy Powers after I drop the specimens at SLD.

Please let me know if there is any thing else I can help you with.  
Judy

---

**From:** Ferreira, Julianna, DOH [<mailto:Julianna.Ferreira@state.nm.us>]  
**Sent:** Wednesday, November 03, 2010 9:13 AM  
**To:** Espinoza, Judy A.  
**Cc:** Powers, Cathy, DOH  
**Subject:** STEC cases

Hi, Judy-

I wanted to let you know about a couple of Shiga-toxin E Coli cases which are PFGE linked and Epi-linked to Costco cheese samples. This is a multi-state outbreak at this point with 35 cases nationally, and we have 3 cases in NM. It seems that the cheese was sampled around the weekend of 10/15-17 and at this point we don't know of additional cases and the cheeses have been pulled from the shelves.

Please let me know if you see any disease activity of which we might not be aware.

Thanks-

Julianna Ferreira, BA, RN  
Epidemiology Nurse  
Stanford Public Health  
1111 Stanford Dr NE  
Albuquerque, NM 87106  
(505) 841-4176

## Adams-Cameron, Marguerite, DOH

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**From:** Ferreira, Julianna, DOH  
**Sent:** Monday, January 10, 2011 4:20 PM  
**To:** Adams-Cameron, Marguerite, DOH  
**Subject:** FW: STEC cases

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**From:** Torres, Paul, DOH  
**Sent:** Wednesday, November 03, 2010 1:50 PM  
**To:** Espinoza, Judy; Ferreira, Julianna, DOH  
**Cc:** Powers, Cathy, DOH; Smelser, Chad, DOH; Kistin, Naomi, DOH; Adams-Cameron, Marguerite, DOH; Aragon, Adam, DOH; Gentry, Frederick D, DOH; Leonard, Pascale, DOH; Master, Sharon, DOH  
**Subject:** RE: STEC cases

Hello all, just letting you know that Judy did a good job with submitting the samples. Note that we have set up the samples to pre-enrichments following the FDA BAM methods described in chapter 4a subsection N  
<http://www.fda.gov/Food/ScienceResearch/LaboratoryMethods/BacteriologicalAnalyticalManualBAM/UCM070080>

We will let you know ASAP once we obtain any suspect picks, etc.,.

Thanks,

pt

Paul Torres, M.S.  
Supervisor, Environmental Microbiology  
New Mexico Department of Health  
Scientific Laboratory Division  
1101 Camino de Salud NE, P.O. 4700  
Albuquerque, NM 87102-4700  
(505)383-9129

---

**From:** Espinoza, Judy A. [<mailto:jespinoza@cabq.gov>]  
**Sent:** Wednesday, November 03, 2010 1:36 PM  
**To:** Ferreira, Julianna, DOH  
**Cc:** Powers, Cathy, DOH; Smelser, Chad, DOH; Torres, Paul, DOH; Kistin, Naomi, DOH  
**Subject:** RE: STEC cases

Hi,

I picked up three specimens this morning from the home of one case and delivered them to SLD. I took the attached pictures in the home so there would be a record of how they were found at the home. The pictures are not as clear as I would like them but as you can see, both cheeses were opened but had the original packaging. The strawberry tops were in a Ziploc bag and as reported by the Mom kept in the car until this morning. Also, I delivered a copy of the receipt to Cathy Powers after I drop the specimens at SLD.

Please let me know if there is any thing else I can help you with.  
Judy

---

**From:** Ferreira, Julianna, DOH [<mailto:Julianna.Ferreira@state.nm.us>]  
**Sent:** Wednesday, November 03, 2010 9:13 AM  
**To:** Espinoza, Judy A.

**Cc:** Powers, Cathy, DOH  
**Subject:** STEC cases

Hi, Judy-

I wanted to let you know about a couple of Shiga-toxin E Coli cases which are PFGE linked and Epi-linked to Costco cheese samples. This is a multi-state outbreak at this point with 35 cases nationally, and we have 3 cases in NM. It seems that the cheese was sampled around the weekend of 10/15-17 and at this point we don't know of additional cases and the cheeses have been pulled from the shelves.

Please let me know if you see any disease activity of which we might not be aware.

Thanks-

Julianna Ferreira, BA, RN  
Epidemiology Nurse  
Stanford Public Health  
1111 Stanford Dr NE  
Albuquerque, NM 87106  
(505) 841-4176

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**Adams-Cameron, Marguerite, DOH**

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**From:** Ferreira, Julianna, DOH  
**Sent:** Monday, January 10, 2011 4:18 PM  
**To:** Adams-Cameron, Marguerite, DOH  
**Subject:** FW: E. coli O157 EXHX01.2292/EXHA26.0621 conference call

---

**From:** Smelser, Chad, DOH  
**Sent:** Wednesday, November 03, 2010 10:19 AM  
**To:** Shaun Cosgrove; Ferreira, Julianna, DOH; Alicia Cronquist  
**Cc:** Ettestad, Paul, DOH; Thomas, Paula, DOH  
**Subject:** RE: E. coli O157 EXHX01.2292/EXHA26.0621 conference call

The third case in NM that we had limited info on during yesterday's conference call only sampled the gouda cheese. The mother of the case was very specific. They like gouda and when they saw the cheese she picked up a piece took a nibble and gave the rest to her son. He ate the whole thing and became very sick. The mother experienced some mild stomach cramping a few days later, but no diarrhea. They did not buy the gouda.

Date at Costco: 10/16/2010  
onset of illness: 10/19/2010


Paula, do you know their member number?

Chad Smelser, M.D.  
Medical Epidemiologist  
Infectious Disease Epidemiology Bureau  
New Mexico Department of Health  
505-827-0006





3 10:38PM

 You replied on 11/2/2010 8:09 AM.

**Ferreira, Julianna, DOH**

**From:** Adams-Cameron, Marguerite, DOH **Sent:** Tue 11/2/2010 7:37 AM  
**To:** Ferreira, Julianna, DOH; Thomas, Paula, DOH  
**Cc:** Smelser, Chad, DOH  
**Subject:** FW: NM STEC  
**Attachments:**

Please see the email below for Costco items to probe for in our STEC cases.  
 I will working form home this morning and on an airplane at 1:00 pm. Otherwise I can be reached on by email or on my cell phone 553-2871.

Thanks

Meg Adams-Cameron, MPH  
 Epidemiologist  
 New Mexico Department of Health

SF Phone: (505) 827-2694  
 ABQ: (505) 841-2572

email: marguerite.adams-ca@state.nm.us

-----Original Message-----

**From:** Shaun Cosgrove [<mailto:scosgrove@smtpgate.dphe.state.co.us>]  
**Sent:** Mon 11/1/2010 4:48 PM  
**To:** Adams-Cameron, Marguerite, DOH  
**Subject:** Re: NM STEC

Thanks for the info:

At this point we do not have a standardized questionnaire. What we are finding is that the cases are reporting consuming free samples of cheeses on a particular date at different stores. Costco has an outside company run its demo program, but they generally run the same demo at all the stores in the same region and your state does fall in the same region as Colorado, Arizona and California. Below is a list of the cheese that were used in the free samples in the stores in Colorado and Arizona (they are probably they same for your state as well):

ITEM 35382 Parmigiano Reggiano ✓  
 ITEM 5628 Cranberry Goat Cheese *mom ate & child*  
 ITEM 16890 Cranberry Wensleydale *bought & child.*  
 ITEM 27583 Le Plaisir Cheese w/ Herbs *no*  
 ITEM 34449 Gorgonzola *no*  
 ITEM 40654 Gouda *unknown*  
 ITEM 40707 Scamorza *yes - smoked mozz.*  
 ITEM 433580 Tillamook 3 year Extra Sharpe Cheddar *yes - maybe?*

We are working with the people from Costco and they are really helpful in getting us the information that we need.

For your cases at this point could you check to see:

Warehouse: 116  
 Sales Date: 10/15/10 Reg#: 11 Trans Type: Tender  
 Time: 17:00 Tran#: 96 Tender:  
 Total: 139.65 Operator: 77 Block:  
 Member #: ~~XXXXXXXXXXXXXXXXXXXX~~ Mbr Type: Gold Star  
 Tax: 1.12 Resale Total:

FSA/	EBT Item Description	Amount	Units
E	719233 ORGANIC CKN BRTH 6/320Z	9.99	1
E	993449 GAROFALO ORGANIC VTY PACK	7.59	1
	295861 KS ENV LIQ DISH 135 OZ	7.99	1
E	998876 KS WATER 70/8 OZ	6.89	1
	514007 KS SONOMA CHARDONNAY	7.99	1
E	397749 SAMBAZON ACAI JUICE 2/32	9.99	1
E	382871 KS BL/SL THIGHS 6/6.5 LB	10.99	1
E	16890 CRANBERRY WENSLEYDALE	8.08	1
E	35382 KS 2YR PARM REGG RW RSHOW -SLD	13.74	1
E	40707 FISCALINI SCAMORZA -SLD	7.06	1
E	178350 GROUND BEEF ORGANIC	12.99	1
E	35145 TAKE & BAKE PEPPERONI	9.99	1
	CPN/35145 2100000077359	3.00-	1-
E	27003 2 LB STRAWBERRIES -SLD	3.99	1
E	88426 ENGLISH CUCUMBERS	3.99	1
E	96716 ORGANIC BABY SPINACH	3.49	1
E	251680 ORGANIC RASPBERRIES	3.99	1
E	331100 GOURMET MEDLEY POTATOES	5.49	1
E	969425 ORGANIC GALA APPLES	7.29	1
	Cash	20.00-	
	Debit Card	159.65	

\*\*\* END OF REPORT \*\*\*

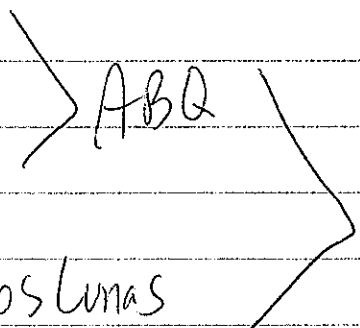
strawberries

STEC

3 cases

41 ♂

740 ♀



ABQ

440 ♂ Los Lunas

PFGE match  
+ other cases @ CDC

- ↳ strawberries @ Costco
- fruit @ Sunflower
- DCC
- oHH contacts ill

get more info ↓

receipts @ Costco  
samples

get exact foods eaten

NM  
PIO aware

SLD needs to know  
to expedite STEC  
cases.

Conf Call  
11/3 Wed

CO 8 conf.  
3 prob  
new

3 hosp  
HUS

Oct 14<sup>th</sup>-17<sup>th</sup>  
Costco shopping in  
CO

Oct 16-24<sup>th</sup> onset

~~1 second~~ several secondary  
1-81 y/o

6 interviewed → all ate cheese

3 Yes 3 <sup>not sure</sup> Parmesan eaten offered 14<sup>th</sup>  
Cranberry goat \*  
3 no 3 not sure Cranberry weusleydale  
3 NS 3 yes Gouda \*  
2 no 4 NS Scamorza  
3 no 3 NS Le Plaisir  
14 IN 4 NS Gorgonzola  
14 IN 4 NS Till.

CO → 9 → 0157

2 pending

multiple isolates in stool in 1 case also ate cheese <sup>not sure which</sup> Oct 15<sup>th</sup>.  
Shig 1+2 +  
non 0157

3<sup>rd</sup>

ST 2 + 2<sup>nd</sup> ST 1 +  
0 not sure

3 isolates  
1<sup>st</sup> ST 1  
ST 2  
0157 +

PFGE pending

2 siblings also ill now

\* cross-contamination issues in cutting cheese?

AZ  
5 Costcos in Phoenix

27 STEC

age 1-85

10/12 + 10/30

11 cases < 17

7 new yesterday

56% ♀

9 hosp.

onset 10/17 → 10/27

1 poss HUS

15/16 cases @ Costco

10 PFGE match → CO

10/14 → 10/16

1 more possible match

11 tasted cheese

1 unk

8 interviewed

2 denied cheese

all @ Costco

↳ 10/16 → 10/23 onset

Samples in AZ state lab now

2 goat cheese

4 gouda

gorg.

sharp ched.

Italian cheese

brie

1 denied cranberry

MM Oct 16<sup>th</sup> Montano onset 19<sup>th</sup> Los Lunas case 4 y/o

many lot # across all locations  
cheeses sold outside of Costco brand, different manufacturers

unlikely parmesan → demod  
↳ cranberry wensleydale (dist. outside of region) 10/14

cran goat

le plaisir  
brie

gouda

scamorza

Is there central handling area? NO  
purchase cheese @ store where demo'd  
handled in store & purchase

Costco testing all cheeses<sup>for STEC</sup> except parmesan → already tested  
results Friday.  
↳ Kirkland brand, store brand.  
domestic or imported? on label

### Talking points re: public

ready to contact ppl who bought cheeses  
to recall, not people who sampled  
just 4 cheeses → CO NM AZ

not CA → no recall in San Diego per Costco  
in next 24<sup>h</sup>, maybe automated, no chance for  
consumer to ask questions

no mention E coli to consumer per Costco  
not officially a recall per Costco

refer potentially ill ppl to PoH or PCP?  
↳ for testing.

HAN email to PCP's to forewarn of cases

77,000  
units  
cheese sold  
in region

Media points → mention O157, confirmed case count on  
# in 4 states also, use Costco's name  
include people who sampled or just purchased?

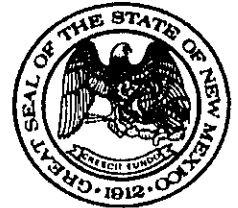
several HH secondary cases → support notifying samplers as well,  
FDA wants to be involved in press release if "Costco" + "cheese" mentioned



**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
 1101 Camino de Salud, N.E.  
 Albuquerque, NM 87102  
 (505) 383-9000

CAP: 6694801  
 NPI: 1548488414



LIMS Report #: 76200

Patient: [REDACTED]

Provider: SED Labs  
 MICROBIOLOGY  
 5601 Office Blvd. NE  
 Albuquerque, NM 87109

Submitter Code: 202  
 Patient Id: 10960482  
 Other Id: M102960123  
 Date of Birth: 1/13/1969  
 Social Security #: [REDACTED] Gender: Male  
 Clinician Name: [REDACTED]  
 User Code:

Sample #: 2010037814 Date Collected: 10/21/2010 9:49  
 Source: Feces/Stool Date Received: 10/25/2010 13:54  
 Specimen Condition: Not Refrigerated Date Reported: 11/4/2010  
 Specimen Note: Specimen received in broth medium.

Test	Result	Date Approved	Technician
Shiga Toxin by EIA	Positive	11/4/2010	KDR

**REFERENCE (NORMAL) RANGE:** Negative for toxins produced by Enterohemorrhagic E.coli by Meridian Bioscience Premier EHEC, EIA method.

**INTERPRETIVE CRITERIA:**  
**Positive:** Shiga toxins present. Spectrophotometric OD (450/630 nm) greater than or equal to 0.150 and/or definite yellow color by visual reading. The level of toxin has not been shown to be correlated with the presence or severity of disease. As with all in vitro diagnostic procedures, test results should be interpreted by a physician in conjunction with other clinical information.  
**Negative:** Shiga toxins absent or the level of toxin is below that which can be detected by the test. Spectrophotometric OD (450/630 nm) less than 0.150 and/or colorless by visual reading.

Enteric Culture - Escherichia coli O157:H7	E.coli O157 isolated	11/4/2010	KDR
--	----------------------	-----------	-----

**REFERENCE (NORMAL) RANGE:** No E.coli O157:H7 Isolated by culture

**INTERPRETIVE CRITERIA:**  
**No growth:** No bacterial colonies detected on agar culture.  
**Not isolated:** No E.coli O157 colonies detected on agar culture.  
**Isolated:** E.coli O157 colonies detected. Identified by colony morphology, typical biochemical reactions, positive O157 latex agglutination, and if applicable, H7 flagellar antigen determination.  
**Indeterminate/contaminant:** Unable to detect the presence or absence of E.coli O157 due to overgrowth of other bacteria and/or fungus.

Preliminary

LIMS Report #: 76200

Patient: [REDACTED]

Provider: SED Labs  
MICROBIOLOGY  
5601 Office Blvd. NE  
Albuquerque, NM 87109

Submitter Code: 202  
Patient Id: 10960482  
Other Id: M102960123  
Date of Birth: 1/13/1969  
Social Security #: [REDACTED] Gender: Male  
Clinician Name: [REDACTED]  
User Code:

Sample #: 2010037814 Date Collected: 10/21/2010 9:49  
Source: Feces/Stool Date Received: 10/25/2010 13:54  
Specimen Condition: Not Refrigerated Date Reported: 11/4/2010

Test	Result	Date Approved	Technician
Escherichia coli Serotype	Escherichia coli	11/4/2010	KDR

Note: **E. coli 0157, motile. Sent to CDC for H typing.**  
Result reported (and verified by correct read back) to Terry at Epidemiology by Kim on 10/28/10 @ 9:02am.  
Result reported (and verified by correct read back) to Liz at SED by Kim on 10/28/10 @ 9:06am.  
Disclaimer - The serotyping results on this report were obtained using research procedures and/or research reagents. Serotyping results must not be used for diagnosis, treatment, or the assessment of a patient's health.

Referred to CDC

Pending

**Preliminary**

# BA Enteric Worksheet

DATE RECEIVED:  
BA NUMBER:  
TEST:

PATIENT:  
SUBM NAME:  
SOURCE:

10880482  
1/3/1988  
25-Oct-10  
2010037814

Received:  Raw specimen (swab, csf, blood bottle, etc.)  plate/slant: \_\_\_\_\_  media: broth

Preliminary report:  
Date \_\_\_\_\_  
Tech \_\_\_\_\_

Final report:

Date 11.3  
Tech KR

*E coli* O157: motile send to CDC  
Shiga (+)

J  
11/4/10

Mac	MacSorb	MS-CT	Hektoen	Sel sub	TSI/LIA	Campy
LF	LF	NOF	NOF			
shigella	A	B	C1	C2	D	
SalmO.poly	A	B	C1	C2	D	E F G H Vi K
SalmH poly	A	B	Gcomp	C	D	E F

10-28 @ 9:02 am  
Terry @ Epi  
10-28 @ 9:06 am  
Liz @ SED

oxidase	tartrate	dulcitol	galacturonate	Shiga toxin	MicrID(attach)
				(+) 10-26	23430
Gram stain	Growth at 42/25	NA/CF	Hippurate	E.coli O157 latex	

Parasitology:	trichrome	Conc.	Crypto	Giardia EIA

10-26 → 3 col to mac  
10-27 col. 3 (+) shiga  
→ BAP TSI TSA UA mac  
10-28 A/A LF  
ok =  
O157  
(+)  
→ mot + BAP  
PFGE  
10-29 → H broth + BAP  
11-1 H7  
(-) → mot  
11-2 → H broth  
11-3 H7

# MICRO-ID<sup>®</sup> ENCODING FORM

See package insert for detailed instructions.

DATE			10-28												
SPECIMEN IDENTIFICATION			37814												
TESTS	VP	N	PD	H <sub>2</sub> S	I	OD	LD	M	U	E	ONPG	ARAB	ADON	INOS	SORB
NUMERICAL <small>Value of Positive Results</small>	4	2	1	4	2	1	4	2	1	4	2	1	4	2	1
TEST RESULTS	=	+	=	=	+	+	+	=	-	=	+	+	=	=	=
SUM OF POSITIVE VALUES <small>(in each group of three reactions)</small>	2			3			4			3			0		

ORGANISM IDENTIFICATION: *E coli*

Comments:

NOT REFRIGERATED

GENERAL CLINICAL REQUEST FORM

Scientific Laboratory Division  
700 Camino de Salud N.E. - P.O. Box 4700  
Albuquerque, NM 87196-4700

2010037814

PLEASE PRINT LEGIBLY

SLD DCS Form 101 Rev. 7/2009 USER CODES -->

SLD DATE  
USE >>> <<< TIME  
ONLY STAMP

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> 51000 (Epidemiology)     | <input type="checkbox"/> 52325 (PHD-Adult Hepatitis) | <input type="checkbox"/> 51006 (EIP) |
| <input type="checkbox"/> 52200 (PHD:Employ. Test) | <input type="checkbox"/> 52310 (PHD:HIV)             | <input type="checkbox"/> Other       |
| <input type="checkbox"/> 52110 (PHD:Prenatal)     | <input type="checkbox"/> 52120 (PHD:Family Plan)     |                                      |
| <input type="checkbox"/> 52320 (PHD:STD)          | <input type="checkbox"/> 52330 (PHD:TB Program)      |                                      |
| <input type="checkbox"/> 52340 (PHD:Refugee)      | <input type="checkbox"/> 52350 (PHD:HB Immun.)       |                                      |

SUBMITTER INFORMATION

SUBMITTER CODE: 2102  
SUBMITTER NAME: SED Laboratory  
ADDRESS: 5601 Office Blvd NE  
City: ABQ State: NM Zip Code: 87109  
PHONE: (505) 727-6360

PATIENT INFORMATION

LAST NAME: [REDACTED] FIRST NAME: [REDACTED]  
GENDER:  MALE  FEMALE  TRANSGENDER  
DATE OF BIRTH: MM/DD/YYYY: 01/13/1969  
ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
PATIENT ID NUMBER: 10960482

ATTENTION: Microbiology

SOCIAL SECURITY # \_\_\_\_\_  
OTHER ID (HIV#) M102960123

CLINICAL NAME: [REDACTED]  
PHONE #: [REDACTED]

RACE: Check all that apply.  
 American Indian/Alaskan Native  Asian  Black/African American  
 Native Hawaiian/Pacific Islander  White  Other  
ETHNICITY:  Hispanic  Non-Hispanic

SPECIMEN INFORMATION

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Abscess        | <input type="checkbox"/> Bronchial Biopsy       | <input type="checkbox"/> Fluid (site): _____ | <input type="checkbox"/> Oral Fluid           |
| <input type="checkbox"/> Ascites fluid  | <input type="checkbox"/> Bronchial Wash         | <input type="checkbox"/> Liver               | <input type="checkbox"/> Pericardial fluid    |
| <input type="checkbox"/> Blood, femoral | <input type="checkbox"/> Bronchoalveolar lavage | <input type="checkbox"/> Lymph node          | <input type="checkbox"/> Peritoneal fluid     |
| <input type="checkbox"/> Blood, heart   | <input type="checkbox"/> Cervix                 | <input type="checkbox"/> Lung, left          | <input type="checkbox"/> Pleural fluid        |
| <input type="checkbox"/> Blood, plasma  | <input type="checkbox"/> CSF                    | <input type="checkbox"/> Lung, right         | <input type="checkbox"/> Pleural Biopsy       |
| <input type="checkbox"/> Blood, serum   | <input type="checkbox"/> Ear                    | <input type="checkbox"/> Nail (site) _____   | <input type="checkbox"/> Rectum               |
| <input type="checkbox"/> Blood, whole   | <input type="checkbox"/> Endocervix             | <input type="checkbox"/> Nasopharyngeal swab | <input type="checkbox"/> Rectum/Vagina        |
| <input type="checkbox"/> Bone           | <input type="checkbox"/> Eye                    | <input type="checkbox"/> Nasopharyngeal wash | <input type="checkbox"/> Skin (site) _____    |
| <input type="checkbox"/> Bone marrow    | <input checked="" type="checkbox"/> Feces/Stool | <input type="checkbox"/> Nasal swab          | <input type="checkbox"/> Spleen               |
| <input type="checkbox"/> Brain          | <input type="checkbox"/> Hair                   | <input type="checkbox"/> Nasal wash          | <input type="checkbox"/> Sputum, natural      |
|   |   |  | <input type="checkbox"/> Sputum, nebulized    |
|   |   |  | <input type="checkbox"/> Throat swab          |
|   |   |  | <input type="checkbox"/> Throat wash          |
|   |   |  | <input type="checkbox"/> Tissue (site): _____ |
|   |   |  | <input type="checkbox"/> Tracheal aspirate    |
|   |   |  | <input type="checkbox"/> Urine                |
|   |   |  | <input type="checkbox"/> Urethra              |
|   |   |  | <input type="checkbox"/> Vagina               |
|   |   |  | <input type="checkbox"/> Wound (site): _____  |
|   |   |  | <input type="checkbox"/> Other: _____         |

SPECIMEN COLLECTION

Date/Time Collected: 10/21/2010 09:49  
MM/DD/YYYY Military Time  
Date/Time Received: \_\_\_\_\_  
MM/DD/YYYY Military Time

SPECIMEN TYPE

Clinical  
 Reference

CLINICAL SYMPTOMS

Asymptomatic  
 Symptomatic: Date of onset: MM/DD/YYYY

ANALYSIS REQUESTED

For Details see <http://www.sld.state.nm.us/documents/directory-P>

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> B. anthracis                           | <input type="checkbox"/> GC culture                 | <input type="checkbox"/> Brucella antibody                               | <input type="checkbox"/> Mumps immune Status            |
| <input type="checkbox"/> B. cereus/S. aureus                    | <input type="checkbox"/> H. influenzae typing       | <input type="checkbox"/> CDC referral (attach form 50.34)                | <input type="checkbox"/> Plague/Tularemia antibody      |
| <input type="checkbox"/> Culture, OMI                           | <input type="checkbox"/> ID of Bacteria (specify)   | <input type="checkbox"/> HIV-1 antibody                                  | <input type="checkbox"/> Rubella immune status          |
| <input type="checkbox"/> Culture, OMI anaerobic                 | <input type="checkbox"/> -Anaerobe _____            | <input type="checkbox"/> HIV Rapid Test Confirmation                     | <input type="checkbox"/> Rubella diagnosis (call first) |
| <input type="checkbox"/> Culture, Fecal (enteric)               | <input type="checkbox"/> -Gram negative _____       | <input type="checkbox"/> Hepatitis A Diagnosis (IgM Only)                | <input type="checkbox"/> Rubella immune status          |
| (Check all that apply)  | <input type="checkbox"/> -Gram positive _____       | <input type="checkbox"/> Hepatitis A Immune Status                       | <input type="checkbox"/> Rubella diagnosis (call first) |
| <input type="checkbox"/> -Campylobacter species: _____          | <input type="checkbox"/> Legionella culture         | <input type="checkbox"/> Hepatitis B Pre-Vaccination                     | <input type="checkbox"/> Syphilis Antibody              |
| <input type="checkbox"/> -E. coli O157:H7                       | <input type="checkbox"/> N. meningitidis typing     | <input type="checkbox"/> Hepatitis B Prenatal Screen                     | <input type="checkbox"/> TB Quantiferon                 |
| <input type="checkbox"/> -Salmonella, serotype: _____           | <input type="checkbox"/> Pertussis (Bordetella sp.) | <input type="checkbox"/> Hepatitis B Post-Vaccination                    | <input type="checkbox"/> VZV immune status              |
| <input type="checkbox"/> -Shigella, serotype: _____             | <input type="checkbox"/> Plague FA                  | <input type="checkbox"/> Hepatitis B High Risk (Contact to HBV positive) | <input type="checkbox"/> Other: _____                   |
| <input checked="" type="checkbox"/> -Shiga Toxin test/isolation | <input type="checkbox"/> Plague FA and culture      | <input type="checkbox"/> Hepatitis B High Risk and HCV                   |   |
| <input type="checkbox"/> -Yersinia enterocolitica: _____        | <input type="checkbox"/> Strep, Group B, isolation  | <input type="checkbox"/> Hepatitis C Antibody (Anti-HCV)                 |   |
| <input type="checkbox"/> Diphtheria                             | <input type="checkbox"/> Tularemia culture          | <input type="checkbox"/> Hepatitis A,B and C Diagnostic Panel (Acute)    |   |
| <input type="checkbox"/> EIP Isolate: _____                     | <input type="checkbox"/> Vibrio                     |  |   |
|   | <input type="checkbox"/> Other                      |  |   |

MYCOLOGY

Aerobic actinomycetes  Yeast/Mold Culture  
 Coccidioides

AFB/TUBERCULOSIS With Drug susceptibility, if TB

Culture  
 ID isolate

VIRUS ISOLATION Agent(s) suspected:

Influenza  
Rapid Test: Pos \_\_\_\_\_ Neg \_\_\_\_\_  
Not Performed \_\_\_\_\_  
HSV \_\_\_\_\_  
Other Specify: \_\_\_\_\_

Physician's Email Address:

Justification must be completed by State health department laboratory before specimen can be accepted by CDC. Please check the first applicable statement and when appropriate complete the statement with the \*.

- 1. Disease suspected to be of public health importance. Specimen is:
  - (a)  from an outbreak. (b)  from uncommon or exotic disease.
  - (c)  an isolate that cannot be identified, is atypical, shows multiple antibiotic resistance, or from a normally sterile site(s) (d)  from a disease for which reliable diagnostic reagents or expertise are unavailable in State.

- 2.  Ongoing collaborative CDC/State project.
- 3.  Confirmation of results requested for quality assurance.

\*Prior arrangement for testing has been made. Please bring to the attention of:

(Name):

Completed by:

Kim Reiter

Date: 11-5-10

STATE HEALTH DEPARTMENT LABORATORY ADDRESS:

1101 Camino de Salud NE  
 Albuquerque, NM 87102 *NM Scientific Lab*  
 SOS-383-9137  
 Fax 505-383-9121

STATE HEALTH DEPT. NO.: (505)383-9137

DATE SENT TO CDC: (MM/DD/YYYY) 11/08/2010

PATIENT IDENTIFICATION: (Hospital No.) 2010037814

NAME: (LAST, FIRST, MI) [REDACTED]

BIRTHDATE: (MM/DD/YYYY) 01/13/1969

SEX:  MALE  FEMALE

CLINICAL DIAGNOSIS:

ASSOCIATED ILLNESS:

DATE OF ONSET: (MM/DD/YYYY)

FATAL?  YES  NO

Name, Address and Phone Number of Physician or Organization:

SED Lab  
5001 OFFICE Blvd NE  
Alb, NM 87109  
SOS-727-6360

(FOR CDC USE ONLY)		CDC NUMBER		DATE RECEIVED		
UNIT	FY	NUMBER	SUF	MO	DA	YR

REVERSE SIDE OF THIS FORM MUST BE COMPLETED

THIS FORM MUST BE EITHER PRINTED OR TYPED  
 PLEASE PREPARE A SEPARATE FORM FOR EACH SPECIMEN

D.A.S.H.

DATE REPORTED

MO DA YR

0 3

Comments:

[ ] [ ]

D 6 5

CDC 0.1288 (E), Rev. 9/2001, CDC Adobe Acrobat 5.0 Electronic Version, 11/2003



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Public Health Service  
 Centers for Disease Control  
 Center for Infectious Diseases  
 Atlanta, Georgia 30333



The Centers for Disease Control (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 241). Supplying the information is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop prevention and control programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system 09-20-0106, "Specimen Handling for Testing and Related Data" and may be disclosed to appropriate State or local public health departments and cooperating medical authorities to deal with conditions of public health significance; to private contractors assisting CDC in analyzing and relinking records; to researchers under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice in the event of litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual's written consent.

<b>LABORATORY EXAMINATION(S) REQUESTED:</b> <input type="checkbox"/> Microbiological Isolation <input type="checkbox"/> Susceptibility Serology (Specific Test) <input type="checkbox"/> Histology <input checked="" type="checkbox"/> Identification Other (Specify) _____	<b>CATEGORY OF AGENT SUSPECTED:</b> <input checked="" type="checkbox"/> Bacterial <input type="checkbox"/> Rickettsial <input type="checkbox"/> Viral <input type="checkbox"/> Parasitic <input type="checkbox"/> Fungal <input type="checkbox"/> Other (Specify) _____
---	--

<b>SPECIFIC AGENT SUSPECTED:</b> E coli 0157	<b>OTHER ORGANISM(S) FOUND:</b> _____	<b>ISOLATION ATTEMPTED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>NO. OF TIMES ISOLATED:</b> _____	<b>NO. OF TIMES PASSED:</b> 3	<b>SPECIMEN SUBMITTED IS:</b> <input type="checkbox"/> Original Material <input type="checkbox"/> Mixed Isolate <input checked="" type="checkbox"/> Pura Isolate
---	--	--	--	----------------------------------	--

<b>DATE SPECIMEN TAKEN:</b> 10/21/2010 <small>MO DA YR</small>	<b>ORIGIN:</b> <input type="checkbox"/> Food <input type="checkbox"/> Animal    Other (Specify) _____ <input checked="" type="checkbox"/> Human <input type="checkbox"/> Soil <input type="checkbox"/> (Specify) _____
--	--

<b>SOURCE OF SPECIMEN:</b> <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Wound (Site) _____ <input type="checkbox"/> Gastric <input type="checkbox"/> Hair <input type="checkbox"/> Exudate (Site) _____ <input type="checkbox"/> Serum <input type="checkbox"/> Skin <input type="checkbox"/> Tissue (Specify) _____ <input type="checkbox"/> Sputum <input checked="" type="checkbox"/> Stool <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Urine <input type="checkbox"/> Throat <input type="checkbox"/> Other (Specify) _____	<b>SUBMITTED ON:</b> <input checked="" type="checkbox"/> Medium <b>TSA</b> <input type="checkbox"/> Animal _____ <input type="checkbox"/> Tissue Culture (Type) _____ <input type="checkbox"/> Egg <input type="checkbox"/> Other (Specify) _____
--	---

<b>SERUM INFORMATION:</b> <small>MO DA YR</small> <input type="checkbox"/> Acute _____ <input type="checkbox"/> Convalescent _____	<small>MO DA YR</small> <input type="checkbox"/> S3 _____ <input type="checkbox"/> S4 _____ <input type="checkbox"/> S5 _____
---	--

<b>IMMUNIZATIONS:</b> <small>MO YR</small> (1.) _____ (2.) _____ (3.) _____ (4.) _____	
---	--

<b>TREATMENT:</b> DRUGS USED <input type="checkbox"/> None	<table border="0" style="width:100%;"> <tr> <td style="text-align: center;"><small>DATE BEGUN</small></td> <td style="text-align: center;"><small>DATE COMPLETED</small></td> </tr> <tr> <td style="text-align: center;"><small>MO DA YR</small></td> <td style="text-align: center;"><small>MO DA YR</small></td> </tr> </table> (1.) _____ (2.) _____ (3.) _____	<small>DATE BEGUN</small>	<small>DATE COMPLETED</small>	<small>MO DA YR</small>	<small>MO DA YR</small>
<small>DATE BEGUN</small>	<small>DATE COMPLETED</small>				
<small>MO DA YR</small>	<small>MO DA YR</small>				

<b>EPIDEMIOLOGICAL DATA:</b> <input type="checkbox"/> Single Case <input type="checkbox"/> Sporadic <input type="checkbox"/> Contact <input type="checkbox"/> Epidemic <input type="checkbox"/> Carrier Family illness _____ Community illness _____ <b>Travel and Residence (Location)</b> <input type="checkbox"/> Foreign _____ <input type="checkbox"/> USA _____ Animal Contacts (Species) _____ Anthropod Contacts: <input type="checkbox"/> None <input type="checkbox"/> Exposer Only <input type="checkbox"/> Bite Type of Anthropod: _____ Suspected Source of Infection: _____
---

<b>SIGNS AND SYMPTOMS:</b> <input type="checkbox"/> Fever Maximum Temperature: _____ Duration: _____ Days <input type="checkbox"/> Chills	<b>CENTRAL NERVOUS SYSTEM:</b> <input type="checkbox"/> Headache <input type="checkbox"/> Meningismus <input type="checkbox"/> Microcephalus <input type="checkbox"/> Hydrocephalus <input type="checkbox"/> Seizures <input type="checkbox"/> Cerebral Calcification <input type="checkbox"/> Chorea <input type="checkbox"/> Paralysis <input type="checkbox"/> Other _____
---	--

<b>SKIN:</b> <input type="checkbox"/> Maculopapular <input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Vesicular <input type="checkbox"/> Erythema Nodosum <input type="checkbox"/> Erythema Marginatum <input type="checkbox"/> Other _____	<b>MISCELLANEOUS:</b> <input type="checkbox"/> Jaundice <input type="checkbox"/> Myalgia <input type="checkbox"/> Pleurodynia <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Chorioretinitis <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Liver Abscess/cyst <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Mucous Membrane Lesions <input type="checkbox"/> Other _____
---	--

<b>RESPIRATORY:</b> <input type="checkbox"/> Rhinitis <input type="checkbox"/> Pulmonary <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Calcifications <input type="checkbox"/> Otitis Media <input type="checkbox"/> Pneumonia (type) _____ <input type="checkbox"/> Other _____	<b>STATE OF ILLNESS:</b> <input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Subacute <input type="checkbox"/> Chronic <input type="checkbox"/> Disseminated <input type="checkbox"/> Localized <input type="checkbox"/> Extraintestinal <input type="checkbox"/> Other _____
---	---

<b>CARDIOVASCULAR:</b> <input type="checkbox"/> Myocarditis <input type="checkbox"/> Pericarditis <input type="checkbox"/> Endocarditis <input type="checkbox"/> Other _____	<b>GASTROINTESTINAL:</b> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Blood <input type="checkbox"/> Mucous <input type="checkbox"/> Constipation <input type="checkbox"/> Abnormal Pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Other _____
--	--

**PREVIOUS LABORATORY RESULTS/OTHER CLINICAL INFORMATION:** (Information supplied should be related to this case and/or specimen(s) and relative to the test(s) requested)

Colonies shiga +. TSI A/A gas. LIA K/A. Mac LF. Passed motility 2x. Motile, but no H7 reactivity.



LIMS Report #: 76188

Patient: [REDACTED]

Provider: TriCore Reference Laboratory Inc.  
 MICROBIOLOGY  
 1001 Woodward Place NE  
 Albuquerque, NM 87102

Submitter Code: 157  
 Patient Id: 20457578  
 Other Id: S453562  
 Date of Birth: 11/19/2006  
 Social Security #: [REDACTED]  
 Clinician Name: AEMA  
 User Code: [REDACTED]

Gender: Male

Sample #: 2010037818 Date Collected: 10/23/2010 4:50  
 Source: Feces/Stool Date Received: 10/25/2010 13:54  
 Specimen Condition: Cold Date Reported: 11/4/2010  
 Specimen Note: Specimen received in broth medium.

Test	Result	Date Approved	Technician
Shiga Toxin by EIA	Positive	11/4/2010	KDR

**REFERENCE (NORMAL) RANGE:** Negative for toxins produced by Enterohemorrhagic E.coli by Meridian Bioscience Premier EHEC, EIA method.

**INTERPRETIVE CRITERIA:**  
**Positive:** Shiga toxins present. Spectrophotometric OD (450/630 nm) greater than or equal to 0.150 and/or definite yellow color by visual reading. The level of toxin has not been shown to be correlated with the presence or severity of disease. As with all in vitro diagnostic procedures, test results should be interpreted by a physician in conjunction with other clinical information.  
**Negative:** Shiga toxins absent or the level of toxin is below that which can be detected by the test. Spectrophotometric OD (450/630 nm) less than 0.150 and/or colorless by visual reading.

Enteric Culture - Escherichia coli O157:H7	E.coli O157 isolated	11/4/2010	KDR
--	----------------------	-----------	-----

**REFERENCE (NORMAL) RANGE:** No E.coli O157:H7 isolated by culture

**INTERPRETIVE CRITERIA:**  
**No growth:** No bacterial colonies detected on agar culture.  
**Not isolated:** No E.coli O157 colonies detected on agar culture.  
**Isolated:** E.coli O157 colonies detected. Identified by colony morphology, typical biochemical reactions, positive O157 latex agglutination, and if applicable, H7 flagellar antigen determination.  
**Indeterminate/contaminant:** Unable to detect the presence or absence of E.coli O157 due to overgrowth of other bacteria and/or fungus.

**CONFIDENTIAL**



LIMS Report #: 76188

Patient: [REDACTED]

Provider: TriCore Reference Laboratory Inc.  
MICROBIOLOGY  
1001 Woodward Place NE  
Albuquerque, NM 87102

Submitter Code: 157  
Patient Id: 20457578  
Other Id: S453562  
Date of Birth: 11/19/2006  
Social Security #: [REDACTED] Gender: Male  
Clinician Name: AEMA  
User Code: [REDACTED]

Sample #: 2010037818 Date Collected: 10/23/2010 4:50  
Source: Feces/Stool Date Received: 10/25/2010 13:54  
Specimen Condition: Cold Date Reported: 11/4/2010

Test	Result	Date Approved	Technician
Escherichia coli Serotype	Escherichia coli	11/4/2010	KDR

Note: **E. coli 0157, motile. Sent to CDC for H typing.**  
Result reported (and verified by correct read back) to Terry at Epidemiology by Kim on 10/28/10 @ 9:02am.  
Result reported (and verified by correct read back) to Justin at Tricore by Kim on 10/28/10 @ 9:04am.  
Disclaimer - The serotyping results on this report were obtained using research procedures and/or research reagents. Serotyping results must not be used for diagnosis, treatment, or the assessment of a patient's health.

Referred to CDC

Pending

Preliminary

# BA Enteric Worksheet

DATE RECEIVED:  
BA NUMBER:  
TEST:

PATIENT:  
SUBM NAME:  
SOURCE:

20487578  
25-Oct-10  
2010037818

Received:  Raw specimen (swab, csf, blood bottle, etc.)  plate/slant: \_\_\_\_\_  media: broth

Preliminary report:  
Date \_\_\_\_\_  
Tech \_\_\_\_\_

Final report:  
Date 11.3  
Tech KR

E coli O157: motile send to CDC  
Shiga(+)

11/4/10

Mac	MacSorb	MS-CT	Hektoen	Sel sub	TSI/LIA	Campy
LF	SF NEF	SF NEF				
shigella	A	B	C1	C2	D	
SalmO.poly	A	B	C1	C2	D	E F G H Vi K
SalmH poly	A	B	Gcomp	C	D	E F

10.28 @ 9:02 am  
Terry @ EPT  
10.28 @ 9:04 am  
Justin @ Tricore

oxidase	tartrate	dulcitol	galacturonate	Shiga toxin	MicrID(attach)
				(+) 10.26	23430
Gram stain	Growth at 42/25	NA/CF	Hippurate	E.coli O157 latex	

Parasitology:	trichrome	Conc.	Crypto	Giardia EIA

10.26 → 3 col to mac  
10.27 col 1 & 2 pos shiga  
→ BAP TSI TSA LIA mac  
10.28 A/A K/A LF  
OK =  
O157  
(+)  
→ mot & BAP  
PFGE  
10.29 → H broth & BAP  
11.1 H7  
(-) → mot 11.2 → H broth 11.3 H7  
(=)

SLD DCS Form 101 Rev. 7/2009

USER CODES -->>

SLD DATE  
USE >>> <<< TIME  
ONLY STAMP

- 51000 (Epidemiology)
- 52200 (PHD:Employ. Test)
- 52110 (PHD:Prenatal)
- 52320 (PHD:STD)
- 52340 (PHD:Refugee)

- 52325 (PHD-Adult Hepatitis)
- 52310 (PHD:HIV)
- 52120 (PHD:Family Plan)
- 52330 (PHD:TB Program)
- 52350 (PHD:HB Immun.)

51006 (EIP)  
 Other

**SUBMITTER INFORMATION**

**PATIENT INFORMATION**

1157

TRICORE REFERENCE LABS

1001 WOODWARD PL NE

ALBUQUERQUE, NM 87102

(505) 938-8879

ATTENTION: MICROBIOLOGY

AEMA

PHONE # ( )

Last First

MALE  FEMALE  TRANSGENDER

MM/DD/YYYY: 11/19/2006

ADDRESS Street or PO

City State Zip Code

20457578

SOCIAL SECURITY #

OTHER ID (HIV#) 5453562

RACE: Check all that apply.

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other

ETHNICITY:  Hispanic  Non-Hispanic

**SPECIMEN INFORMATION**

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> Abscess        | <input type="checkbox"/> Bronchial Biopsy       | <input type="checkbox"/> Fluid (site):       | <input type="checkbox"/> Oral Fluid        | <input type="checkbox"/> Sputum, nebulized |
| <input type="checkbox"/> Ascites fluid  | <input type="checkbox"/> Bronchial Wash         | <input type="checkbox"/> Liver               | <input type="checkbox"/> Pericardial fluid | <input type="checkbox"/> Throat swab       |
| <input type="checkbox"/> Blood, femoral | <input type="checkbox"/> Bronchoalveolar lavage | <input type="checkbox"/> Lymph node          | <input type="checkbox"/> Peritoneal fluid  | <input type="checkbox"/> Throat wash       |
| <input type="checkbox"/> Blood, heart   | <input type="checkbox"/> Cervix                 | <input type="checkbox"/> Lung, left          | <input type="checkbox"/> Pleural fluid     | <input type="checkbox"/> Tissue (site):    |
| <input type="checkbox"/> Blood, plasma  | <input type="checkbox"/> CSF                    | <input type="checkbox"/> Lung, right         | <input type="checkbox"/> Pleural Biopsy    | <input type="checkbox"/> Tracheal aspirate |
| <input type="checkbox"/> Blood, serum   | <input type="checkbox"/> Ear                    | <input type="checkbox"/> Nail (site)         | <input type="checkbox"/> Rectum            | <input type="checkbox"/> Urine             |
| <input type="checkbox"/> Blood, whole   | <input type="checkbox"/> Endocervix             | <input type="checkbox"/> Nasopharyngeal swab | <input type="checkbox"/> Rectum/Vagina     | <input type="checkbox"/> Urethra           |
| <input type="checkbox"/> Bone           | <input type="checkbox"/> Eye                    | <input type="checkbox"/> Nasopharyngeal wash | <input type="checkbox"/> Skin (site)       | <input type="checkbox"/> Vagina            |
| <input type="checkbox"/> Bone marrow    | <input checked="" type="checkbox"/> Feces/Stool | <input type="checkbox"/> Nasal swab          | <input type="checkbox"/> Spleen            | <input type="checkbox"/> Wound (site):     |
| <input type="checkbox"/> Brain          | <input type="checkbox"/> Hair                   | <input type="checkbox"/> Nasal wash          | <input type="checkbox"/> Sputum, natural   | <input type="checkbox"/> Other:            |

**SPECIMEN COLLECTION**

101231200 04:50  
MM/DD/YYYY Military Time

MM/DD/YYYY Military Time

**SPECIMEN TYPE**

- Clinical
- Reference

**CLINICAL SYMPTOMS**

- Asymptomatic
- Symptomatic: Date of onset: MM/DD/YYYY

For Details see <http://www.sld.state.nm.us/documents/directory.pdf>

<p><b>G</b> <input type="checkbox"/> B. anthracis</p> <p><b>E</b> <input type="checkbox"/> B. cereus/S. aureus</p> <p><b>N</b> <input type="checkbox"/> CDC referral (attach form 50.34)</p> <p><b>E</b> <input type="checkbox"/> Culture, OMI</p> <p><b>R</b> <input type="checkbox"/> Culture, OMI anaerobic</p> <p><b>A</b> <input type="checkbox"/> Culture, Fecal (enteric)</p> <p><b>L</b> (Check all that apply)</p> <p><input type="checkbox"/> -Campylobacter species:</p> <p><b>B</b> <input type="checkbox"/> -E. coli O157:H7</p> <p><b>A</b> <input type="checkbox"/> -Salmonella, serotype:</p> <p><b>C</b> <input type="checkbox"/> -Shigella, serotype:</p> <p><b>T</b> <input checked="" type="checkbox"/> -Shiga Toxin test/isolation</p> <p><b>E</b> <input type="checkbox"/> -Yersinia enterocolitica:</p> <p><b>R</b></p> <p><b>I</b> <input type="checkbox"/> Diphtheria</p> <p><b>O</b> <input type="checkbox"/> EIP isolate:</p> <p><b>L</b></p> <p><b>O</b></p> <p><b>G</b></p> <p><b>Y</b></p>	<p><input type="checkbox"/> GC culture</p> <p><input type="checkbox"/> H. influenzae typing</p> <p><b>ID of Bacteria (specify)</b></p> <p><input type="checkbox"/> -Anaerobe</p> <p><input type="checkbox"/> -Gram negative</p> <p><input type="checkbox"/> -Gram positive</p> <p><input type="checkbox"/> Legionella culture</p> <p><input type="checkbox"/> N. meningitidis typing</p> <p><input type="checkbox"/> Pertussis (Bordetella sp.)</p> <p><input type="checkbox"/> Plague FA</p> <p><input type="checkbox"/> Plague FA and culture</p> <p><input type="checkbox"/> Strep, Group B, isolation</p> <p><input type="checkbox"/> Tularemia culture</p> <p><input type="checkbox"/> Vibrio</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Brucella antibody</p> <p><input type="checkbox"/> CDC referral (attach form 50.34)</p> <p><input type="checkbox"/> HIV-1 antibody</p> <p><input type="checkbox"/> HIV Rapid Test Confirmation</p> <p><input type="checkbox"/> Hepatitis A Diagnosis (IgM Only)</p> <p><b>S</b> <input type="checkbox"/> Hepatitis A Immune Status</p> <p><b>E</b> <input type="checkbox"/> Hepatitis B Pre-Vaccination</p> <p><b>R</b> <input type="checkbox"/> Hepatitis B Prenatal Screen</p> <p><b>O</b> <input type="checkbox"/> Hepatitis B Post-Vaccination</p> <p><b>L</b> <input type="checkbox"/> Hepatitis B High Risk (Contact to HBV positive)</p> <p><b>C</b> <input type="checkbox"/> Hepatitis B High Risk and HCV</p> <p><b>G</b> <input type="checkbox"/> Hepatitis C Antibody (Anti-HCV)</p> <p><b>Y</b> <input type="checkbox"/> Hepatitis A,B and C Diagnostic Panel (Acute)</p>	<p><input type="checkbox"/> Mumps Immune Status</p> <p><input type="checkbox"/> Plague/Tularemia antibody</p> <p><input type="checkbox"/> Rubella immune status</p> <p><input type="checkbox"/> Rubella diagnosis (call first)</p> <p><input type="checkbox"/> Rubeola immune status</p> <p><input type="checkbox"/> Rubeola diagnosis (call first)</p> <p><input type="checkbox"/> Syphilis Antibody</p> <p><input type="checkbox"/> TB Quantiferon</p> <p><input type="checkbox"/> VZV immune status</p> <p><input type="checkbox"/> Other:</p>			
				<p><b>MYCOLOGY</b></p> <p><input type="checkbox"/> Aerobic actinomycetes</p> <p><input type="checkbox"/> Cocci/diodes</p> <p><input type="checkbox"/> Yeast/Mold Culture</p>	<p><b>AFB/TUBERCULOSIS</b> With Drug susceptibility, if TB</p> <p><input type="checkbox"/> Culture</p> <p><input type="checkbox"/> ID isolate</p>	<p><input type="checkbox"/> VIRUS ISOLATION</p> <p><b>Agent(s) suspected:</b></p> <p>Influenza</p> <p>Rapid Test: Pos Neg</p> <p>Not Performed</p> <p>HSV</p> <p>Other Specify:</p>

# MICRO-ID<sup>®</sup> ENCODING FORM

See package insert for detailed instructions.

DATE	10-28
SPECIMEN IDENTIFICATION	37818

TESTS	VP	N	PD	H.S	I	OD	LD	M	U	E	ONPG	ARAB	ADON	INOS	SORB
NUMERICAL <small>Value of Positive Results</small>	4	2	1	4	2	1	4	2	1	4	2	1	4	2	1
TEST RESULTS	=	+	-	=	+	+	+	=	+	=	+	+	=	-	-
SUM OF POSITIVE VALUES <small>(in each group of three reactions)</small>	2			3			4			3			0		

ORGANISM

IDENTIFICATION:

*E. coli*

Comments:

Physician's Email Address:

Be completed by State health department laboratory before specimen can be accepted by the first applicable statement and when appropriate complete the statement with the \*.  
pected to be of public health importance. Specimen is:  
an outbreak. (b)  from uncommon or exotic disease.  
isolate that cannot be identified, is atypical, shows multiple antibiotic resistance, or from a  
ormally sterile site(s) (d)  from a disease for which reliable diagnostic reagents or expertise  
are unavailable in State.  
ngoing collaborative CDC/State project.  
Confirmation of results requested for quality assurance.  
rior arrangement for testing has been made.  
Please bring to the attention of:

(Name):

Completed by:  
Kim Reiten

Date: 11-5-10

Name, Address and Phone Number of Physician or Organization:

Tricare Ref Lab  
1001 Woodward Pl NE  
Albq, nm 87102  
505 938 8879

STATE HEALTH DEPARTMENT LABORATORY ADDRESS:

1101 Camino de Salud NE  
Albuquerque, NM 87102 NM Scientific Lab  
505 383 9137  
Fax 505 383 9121

STATE HEALTH DEPT. NO.: (505)383-9137

DATE SENT TO CDC: (MM/DD/YYYY) 11/08/2010

PATIENT IDENTIFICATION: (Hospital No.) 2010037818

NAME: (LAST, FIRST, MI) [REDACTED]

BIRTHDATE: (MM/DD/YYYY) 11/19/2006

SEX:  MALE  FEMALE

CLINICAL DIAGNOSIS:

ASSOCIATED ILLNESS:

DATE OF ONSET: (MM/DD/YYYY)

FATAL?  YES  NO

(FOR CDC USE ONLY)		CDC NUMBER	DATE RECEIVED	
UNIT	FY	NUMBER	MO	DA

REVERSE SIDE OF THIS FORM MUST BE COMPLETED

THIS FORM MUST BE EITHER PRINTED OR TYPED  
PLEASE PREPARE A SEPARATE FORM FOR EACH SPECIMEN

D.A.S.H.

DATE REPORTED

MO DA YR

0 3

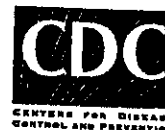
Comments:

D 6 5

CDC 0.1288 (E), Rev. 9/2001, CDC Adobe Acrobat 5.0 Electronic Version, 11/2003



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control  
Center for Infectious Diseases  
Atlanta, Georgia 30333



The Centers for Disease Control (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 241). Supplying the information is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop prevention and control programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system 09-20-0106, "Specimen Handling for Testing and Related Data" and may be disclosed: to appropriate State or local public health departments and cooperating medical authorities to deal with conditions of public health significance; to private contractors assisting CDC in analyzing and relaying records; to researchers under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice in the event of litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual's written consent.

**LABORATORY EXAMINATION(S) REQUESTED:**

Microbial Isolation  
 Susceptibility Serology (Specific Test)  
 Histology  
 Identification Other (Specify)

**CATEGORY OF AGENT SUSPECTED:**

Bacterial  Rickettsial  
 Viral  Parasitic  
 Fungal  Other (Specify)

**SPECIFIC AGENT SUSPECTED:**

E coli O157

**OTHER ORGANISM(S) FOUND:**

**ISOLATION ATTEMPTED?**

YES  NO

**NO. OF TIMES ISOLATED:**

**NO. OF TIMES PASSED:**

3

**SPECIMEN SUBMITTED IS:**

Original Material  Mixed Isolat  
 Pure Isolate

**DATE SPECIMEN TAKEN:**

10/23/2010  
MO DA YR

**ORIGIN:**

Food  Animal  
 Human  Soil  (Specify)

Other (Specify)

**SOURCE OF SPECIMEN:**

Blood  CSF  Wound (Site)  
 Gastric  Hair  Exudate (Site)  
 Serum  Skin  Tissue (Specify)  
 Sputum  Stool  
 Urine  Throat  Other (Specify)

**SUBMITTED ON:**

Medium TSA

Animal

Tissue Culture (Type)

Egg  Other (Specify)

**SERUM INFORMATION:**

Acute  S3  
 Convalescent  S4  
 S5

**SIGNS AND SYMPTOMS:**

Fever  
 Maximum Temperature: \_\_\_\_\_  
 Duration: \_\_\_\_\_ Days  
 Chills

**SKIN:**

Maculopapular  
 Hemorrhagic  
 Vesicular  
 Erythema Nodosum  
 Erythema Marginatum  
 Other

**CENTRAL NERVOUS SYSTEM:**

Headache  
 Meningismus  
 Microcephalus  
 Hydrocephalus  
 Seizures  
 Cerebral Calcification  
 Chorea  
 Paralysis  
 Other

**MISCELLANEOUS:**

Jaundice  
 Myalgia  
 Pleurodynia  
 Conjunctivitis  
 Chorioretinitis  
 Splenomegaly  
 Hepatomegaly  
 Liver Abscess/cyst  
 Lymphadenopathy  
 Mucous Membrane Lesions  
 Other

**RESPIRATORY:**

Rhinitis  
 Pulmonary  
 Pharyngitis  
 Calcifications  
 Otitis Media  
 Pneumonia (type)  
 Other

**CARDIOVASCULAR:**

Myocarditis  
 Pericarditis  
 Endocarditis  
 Other

**GASTROINTESTINAL:**

Diarrhea  
 Blood  
 Mucous  
 Constipation  
 Abnormal Pain  
 Vomiting  
 Other

**STATE OF ILLNESS:**

Symptomatic  
 Asymptomatic  
 Subacute  
 Chronic  
 Disseminated  
 Localized  
 Extraintestinal  
 Other

**IMMUNIZATIONS:**

(1.) \_\_\_\_\_ MO YR  
 (2.) \_\_\_\_\_  
 (3.) \_\_\_\_\_  
 (4.) \_\_\_\_\_

**TREATMENT: DRUGS USED**

None

DATE BEGUN DATE COMPLETED  
MO DA YR MO DA YR

(1.) \_\_\_\_\_  
 (2.) \_\_\_\_\_  
 (3.) \_\_\_\_\_

**EPIDEMIOLOGICAL DATA:**

Single Case  Sporadic  Contact  Epidemic  Carrier

Family Illness \_\_\_\_\_

Community Illness \_\_\_\_\_

**Travel and Residence (Location)**

Foreign

USA

Animal Contacts (Species) \_\_\_\_\_

Anthropod Contacts:  None  Exposer Only  Bite

Type of Anthropod: \_\_\_\_\_

Suspected Source of Infection: \_\_\_\_\_

**PREVIOUS LABORATORY RESULTS/OTHER CLINICAL INFORMATION:** (Information supplied should be related to this case and/or specimen(s) and relative to the test(s) requested.)

Colonies shiga +, TSI A/A gas, LIA K/A, Mac L.F. Passed motility 2X. Motile, but no H7 reactivity.

**NEW MEXICO  
DEPARTMENT OF  
HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 77547

Patient: [REDACTED]

Provider: TriCore Reference Laboratory Inc.  
MICROBIOLOGY  
1001 Woodward Place NE  
Albuquerque, NM 87102

Submitter Code: 157  
Patient Id: 20250824  
Other Id: W835024  
Date of Birth: 3/7/2003  
Social Security #: [REDACTED]  
Clinician Name: NOTGIVEN  
User Code: 51000

Gender: Female

Sample #: 2010037817  
Source: Feces/Stool  
Specimen Condition: Cold  
Specimen Note: Specimen received in broth medium.  
Date Collected: 10/20/2010 21:50  
Date Received: 10/25/2010 13:54  
Date Reported: 11/15/2010

Test	Result	Date Approved	Technician
Shiga Toxin by EIA	Positive	11/2/2010	KDR

**REFERENCE (NORMAL) RANGE:** Negative for toxins produced by Enterohemorrhagic E.coli by Meridian Bioscience Premier EHEC, EIA method.

**INTERPRETIVE CRITERIA:**  
**Positive:** Shiga toxins present. Spectrophotometric OD (450/630 nm) greater than or equal to 0.150 and/or definite yellow color by visual reading. The level of toxin has not been shown to be correlated with the presence or severity of disease. As with all in vitro diagnostic procedures, test results should be interpreted by a physician in conjunction with other clinical information.  
**Negative:** Shiga toxins absent or the level of toxin is below that which can be detected by the test. Spectrophotometric OD (450/630 nm) less than 0.150 and/or colorless by visual reading.

Enteric Culture - Escherichia coli O157:H7  
 Note: Result reported (and verified by correct read back) to Terry (epi) and Justin (Tricore) at 9:02 by KR on 10-28-10.  
 E.coli O157 isolated  
 11/2/2010  
 KDR

**REFERENCE (NORMAL) RANGE:** No E.coli O157:H7 isolated by culture

**INTERPRETIVE CRITERIA:**  
**No growth:** No bacterial colonies detected on agar culture.  
**Not isolated:** No E.coli O157 colonies detected on agar culture.  
**Isolated:** E.coli O157 colonies detected. Identified by colony morphology, typical biochemical reactions, positive O157 latex agglutination, and if applicable, H7 flagellar antigen determination.  
**Indeterminate/contaminant:** Unable to detect the presence or absence of E.coli O157 due to overgrowth of other bacteria and/or fungus.

LIMS Report #: 77547

Patient: [REDACTED]

Provider: TriCore Reference Laboratory Inc.  
MICROBIOLOGY  
1001 Woodward Place NE  
Albuquerque, NM 87102

Submitter Code: 157  
Patient Id: ♦ 20250824  
Other Id: W835024  
Date of Birth: 3/7/2003  
Social Security #: Gender: Female  
Clinician Name: NOTGIVEN  
User Code: 51000

Sample #: 2010037817 Date Collected: 10/20/2010 21:50  
Source: Feces/Stool Date Received: 10/25/2010 13:54  
Specimen Condition: Cold Date Reported: 11/15/2010

Test	Result	Date Approved	Technician
Escherichia coli Serotype	Escherichia coli 0157:H7	11/2/2010	KDR

Note: Disclaimer - The serotyping results on this report were obtained using research procedures and/or research reagents. Serotyping results must not be used for diagnosis, treatment, or the assessment of a patient's health.





Date: 11/3/10	Type of Sample: Smoked Mozzarella Cheese
Lab # 2010039255	Examination Requested: Ecol: 0157:H7

**New Mexico SLD Environment  
Microbiology Food Analysis Test Form**

Effective Date 01/16/09

Medium / Dilution	Selenite	Lactose/ BPW	Crom 0157/7 Agar	CTSMAC	XLD/ XL14	R10/ RVS	Crom Salmonella Agar	Hektoen/ BGS	LEB/ mUVM broth/ Mbbw/ X 2x	LSA/ MOX Agar/ ET Hajina	TB W/ Fe/ Ac/ H <sub>2</sub> O	Blood Agar/ cefasolodin	Battilim/ vancomycin	PO: 7/ EHBC
10 <sup>0</sup> Work														
Reaction														
10 <sup>-1</sup> Work														
Reaction														
10 <sup>-2</sup> Work														
Reaction														
10 <sup>-3</sup> Work														
Reaction														
Media Lot#			10/19/10	11/3/10	11/3/10				10/25/10		6/7/10	9/2/10	7/23/10	10/22/10 (A)

**Code**  
 N = no growth  
 - = no NLF's  
 0 = Alk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes**  
 11/3) Set up 25g to 225 mL 1x mBPW x 3 (A, B, C) stomached  
 A + B → 36°C for 5 hrs  
 C → 42°C for 4 hrs  
 4 hr mark (C) sample put thru PATHATRIX  
 Plated out to CHROM + CTSMAC - 35°C  
 (Rest of (C) supps added + incub @ 42°C)  
 8 hr mark A + B had A, C, V supplements added + incub @ 42°C O/N  
 11/4) Streak isolate to SMAC w/CT → 37°C  
 → CROM 0157  
 10<sup>-2</sup> → 10<sup>-3</sup> → 10<sup>-4</sup> → 10<sup>-5</sup> → SMAC  
 10<sup>-5</sup> → 10<sup>-6</sup> → 10<sup>-7</sup> → 10<sup>-8</sup> → SMAC  
 11/6) Results on back

**Notes**

**Notes**  
 11/4) Pathatrix  
 Ran Pathatrix only CROM 37°C  
 Direct Plate only SMAC w/CT  
 Sub A → CROM & KVE  
 Sub B → SMAC  
 Sub C → CROM  
 Sub D → SMAC  
 11/5) Results on sheets attached @ 48 hrs  
 11/6) - All Plates, No Growth

(QC)

mBPW	CTSMAC	CHROM	TBI/LIA
sterility - GR	→	→	→
Ecol: +GR	Inhibited	blue (4)/6	
Ecol: 0157 +GR	NO Fermenter	magenta (4)/6	

**Final Report** Ecol: 0157:H7 Not Isolated  
 Rv: [Signature] Date: 11/6/10

10-11-5-10

Subset ID	Sample Dilution	Chrom0157 w/cef	SMAC w/CT	TSI/LIA; Micro-ID	0157/H7	EIA/PCR
53 A	-1	NO GR	NO GR			
	-2	↓	↓			
	-3					
	-4					
	-5					
53 A pathatrix	DP -1	NO GR	NO GR			
	Sub A -2	↓	↓			
	Sub B -3					
	-4					
	-5					
53 B	-1	NO GR	NO GR			
	-2	↓	↓			
	-3					
	-4					
	-5					
53 B pathatrix	DP -1	NO GR	NO GR			
	Sub A -2	↓	↓			
	Sub B -3					
	-4					
	-5					
53 C	-1	NO GR	NO GR			
	-2	↓	↓			
	-3					
	-4					
	-5					
53 C pathatrix	DP -1	NO GR	NO GR			
	Sub A -2	↓	↓			
	Sub B -3					
	-4					
	-5					

Subset ID	Dilution	Chrom0157 w/cef	SMAC w/CT	TSI/LIA Micro-ID	0157/H7	EIA/PCR
53 C Pathatrix 5 HRS	DP -1	NO GR	NO GR			
	DP 2 -2	↓	↓			
	A -3	↓	↓			
	-4					
	-5					
54	-1	No GR	NO GR			
	-2	↓	↓			
	-3					
	-4					
	-5					
54 Pathatrix	DP -1	NO GR	NO GR			
	Sub A -2	↓	↓			
	Sub B -3	↓	↓			
	-4					
	-5					
55 A	-1	NO GR	NO GR			
	-2	↓	↓			
	-3					
	-4					
	-5					
55 A pathatrix	DP -1	NO GR	NO GR			
	Sub A -2	↓	↓			
	Sub B -3	↓	↓			
	-4					
	-5					
55 B	-1	NO GR	NO GR			
	-2	↓	↓			
	-3					
	-4					
	-5					

Subset ID	Sample Dilution	Chrom0157 w/cef	SMAG w/CT	TSI/LIA; Micro-ID	0157 / H7	EIA / PCR
55 B pathatrix	DP <del>1</del> 1	No GR	NO GR			
	Sub A 2	↓	↓			
	Sub B 3	↓	↓			
	-4					
	-5					
55 C	-1	No GR	NO GR			
	-2	↓	↓			
	-3	↓	↓			
	-4	↓	↓			
	-5	↓	↓			
55 C pathatrix	DP <del>1</del> 1	NOGR	NO GR			
	Sub A <del>2</del> 2	↓	↓			
	Sub B <del>3</del> 3	↓	↓			
	-4					
	-5					
55 C pathatrix 5 HRS	A 1	NOGR	NO GR			
	DP 2	↓	↓			
	DP2 3	↓	↓			
	-4					
	-5					

New Mexico SLD Environment  
Microbiology Food Analysis Test Form

Effective Date 01/16/09

Date: 11/3/10 Type of Sample: Strawberry tops  
Lab #: 3010039354 Examination Requested: Ecol: 0157:H7

Medium Dilution	Selenite F	Lauryl Tween 8	Green 0157 Agar	SMAC 1/CT	XLD/ XLT4	R11/ RVS	Crom Salmiella Agar	Hektoen EGS	EMB mUVM broth MBP TY	ESA/ Mox Agar /Elthama	PB w/ Pc	Bladder Agar/ Cefsoodin	Pathfilm/ Anomycin	PO2 PHC	Code	
10 <sup>0</sup> Work																N = no growth - = no NLF's 0 = Alk. 1 = pos or A 2 = K/A 3 = K/A, H <sub>2</sub> S 4 = A/A 5 = A/A, H <sub>2</sub> S 6 = K/K 7 = K/K, H <sub>2</sub> S 8 = R/ (#) = gas
Reaction																
10 <sup>-1</sup> Work																
Reaction																
10 <sup>-2</sup> Work																
Reaction																
10 <sup>-3</sup> Work																
Reaction																
Media Lot			11-3-10	11-3-10					10/25/10		11/1/10	11/1/10	7/1/10	11/23/10		

**Notes**  
 (11/3) 0.6g to 25ml of mBWIX  
 Handshak for 2 minutes  
 Incubate 36°C for 5hrs.  
 @ 5hrs add ACU & supps & incubated  
 @ 42°C O/N

(11/4) Streak isolate 10<sup>1</sup> → CROM 0157 37°C  
 → SMAC  
 11ml ↓  
 10<sup>-2</sup> → 10<sup>-3</sup> → 10<sup>-4</sup> → 10<sup>-5</sup> sub → CROM 0157  
 sub → SMAC

Results on sheets attached to  
 39355/14WE

**Notes**

**Notes** Pathatrix

(11/4) Ran on Pathatrix  
 Direct plate → CROM 37°C  
 → SMAC  
 50ml ↓  
 9ml M21 sub → CROM  
 9ml PO<sub>4</sub> HVE sub → SMAC  
 11ml ↓  
 9ml M21 sub → CROM  
 sub → SMAC

Results on sheets attached to  
 39355/14WE

(11/6) No growth  
 40 hrs

Final Report Ecol: 0157:H7 Not Isolated

Date: 11/3/10  
 Type of Sample: Parmigiano Cheese  
 Lab #: 2010039253  
 Examination Requested: Ecol: 0157:H7

Kirkland brand

New Mexico SLD Environment  
 Microbiology Food Analysis Test Form

Effective Date 01/16/09

Medium	Selenite	Lactose	Crom	CSMAC	XLD	R10	Crom	Hektoen	TEB	LSA	FBW	Blood	Petrifilm	PO	Code
Dilution	BPW	BPW	0157 Agar		XLT4	RVS	Salmonella Agar	BGS	mUYMbroth MBPW 1X/2X	MOX Agar / BT Hama	Rec. Agar	Agar/ Cefsolodin	Antimycin	PHCC	
10 <sup>0</sup> Work															
Reaction															
10 <sup>-1</sup> Work															
Reaction															
10 <sup>-2</sup> Work															
Reaction															
10 <sup>-3</sup> Work															
Reaction															
Media Lot#			10/15/10	10/20/10					10/29/10		01/10	01/10	11/29/10	10/28/10A	
			11-3-10	11-3-10											

N = no growth  
 - = no NLF's  
 0 = Alk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes**  
 (11/3) Set up 25g to 275ml mBPW 1X X3 (A,B,C)  
 stomached  
 A+B → Incub @ 36°C for 5 hrs  
 C → Incub @ 42°C for 4 hrs  
 @ 4 hrs C ran through Path/A Antib  
 plated to CHROM + CSMAc → A+B  
 Supps added to rest of C incub @ 42°C ON  
 @ 5 hrs A,C,U supps added to A+B  
 Incub ON @ 42°C  
 (11/4) streak isolate 10<sup>-1</sup> → CHROM 37°C  
 11ml ↓ → SMAC  
 10<sup>-2</sup> → 10<sup>-3</sup> → 10<sup>-4</sup> → 10<sup>-5</sup> → CHROM  
 ↓ → SMAC  
 (11/5) Results on pages attached to 39255  
 GC see FDWk sheet 39255

**Notes**

**Notes Pathatrix**  
 (11/4) Ran Pathatrix  
 Direct Plink 10ml → CHROM 37°C  
 (2) → SMAC  
 11ml ↓ → 10<sup>-2</sup> → 10<sup>-3</sup> → 10<sup>-4</sup> → 10<sup>-5</sup> →  
 9ml MyCl → CHROM  
 So BA → SMAC  
 11ml ↓ → 9ml MyCl → CHROM  
 → SMAC  
 (11/5) Results attached to 39255  
 (11/6) No growth @ 48 hrs

Final Report Ecol: 0157:H7 Not Isolated  
 By: RET Date: 11/6/10

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

**FOOD ANALYSIS REQUEST FORM**

LAB NO.

Scientific Laboratory Division  
1101 Camino de Salud NE  
Albuquerque, N. M. 87102  
Phone # (505) 383-9129

P FOOD  
FOOD  
2010039255

DATE & TIME  
OF RECEIPT 10 P 12:12 RCVD  
AT SLD

USER CODE:  
 51000 (Epidemiology)  55110 (NMED)  70101 (VDS)

70102 (NMDA)  91300 (FDA)  Other:

SUBMITTER CODE: **103**

Submitter Agency Name:

**ID EPI DOIT**

COLLECTED BY: **ESPINOSA, Judith**

DATE SAMPLE COLLECTED: **11.3.10**

Phone Number: **768-2632 (350-9859 cell)**

TIME SAMPLE COLLECTED: **11.31**

SAMPLE INFORMATION ~ to be filled out by the Sample Collector

SAMPLE TYPE:  FOOD  SWAB  OTHER:

FIELD SAMPLE ID: **Smoked Mozzarella**

**FOOD ESTABLISHMENT / SOURCE**

Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_

Food Establishment #:    Phone #: \_\_\_\_\_

- Reason for Collection**
- Suspected Foodborne Illness
  - Routine Surveillance
  - Consumer Complaint
  - RMS NARMS
  - Other

Manufacturer/Brand: **FISCAZZINI**

Code / Lot: \_\_\_\_\_

**Temperature Control at Time of Packing**

**32.2** °C **90** °F (Circle one)

Comments: **Dropped when Collected**

**Analysis Requested (Check the following that applies:)**

- Listeria
- Salmonella
- E. coli O157:H7
- E. coli O157:H7 Robust Test (325-grams)
- Campylobacter
- Meat Carcass Swab Coliform/E. coli count
- Standard Plate Count (food)
- Aerobic Plate Count (swab)
- Beta Hemolytic Strep

Temp Control at SLD: **13.7** °C  
 Sample Not Intact  Sample Intact

Comments: \_\_\_\_\_  
Mode of Arrival:  DMC  In Person  Other

- |  |   |
|--|---|
| <input type="checkbox"/> S. aureus             | <input type="checkbox"/> C. sakazaki        |
| <input type="checkbox"/> B. cereus             | <input type="checkbox"/> Gram Stain         |
| <input type="checkbox"/> Shigella              | <input type="checkbox"/> pH                 |
| <input type="checkbox"/> Y. enterocolitica     | <input type="checkbox"/> Foreign Matter ID  |
| <input type="checkbox"/> C. perfringens        | <input type="checkbox"/> Container Analysis |
| <input type="checkbox"/> C. difficile          | <input type="checkbox"/> Coliform Count     |
| <input type="checkbox"/> Yeast / Mold          | <input type="checkbox"/> E. coli Count      |
| <input type="checkbox"/> Gram Negative Culture | <input type="checkbox"/> Vibrio species     |
| <input type="checkbox"/> Gram Positive Culture | <input type="checkbox"/> Other: _____       |

**SLD Use Only**

202

NEW MEXICO

DEPARTMENT OF

HEALTH

FOOD ANALYSIS REQUEST FORM

Scientific Laboratory Division

1101 Camino de Salud NE

Albuquerque, N. M. 87102

Phone # (505) 383-9129

LAB NO.

PI FOOD FOOD  
2010039254

DATE & TIME OF RECEIPT AT SLD: 11-03-10P12:12 RCVD

USER CODE:  51000 (Epidemiology)  55110 (NMED)  70101 (VDS)  70102 (NMDA)  91300 (FDA)  Other: [ ] [ ] [ ] [ ] [ ]

SUBMITTER CODE: 103 Submitter Agency Name: ID Epi DOH

COLLECTED BY: Espinoza Judith (Name last, First) DATE SAMPLE COLLECTED: 11, 3, 2010 (MM, DD, YYYY)

Phone Number: 768-2632 (350-9859) cell TIME SAMPLE COLLECTED: (Military Time)

SAMPLE INFORMATION ~ to be filled out by the Sample Collector

SAMPLE TYPE:  FOOD  SWAB  OTHER: FIELD SAMPLE ID: Strawberry Tops

FOOD ESTABLISHMENT / SOURCE

Name: Full Address:

Food Establishment #: Phone #:

Reason for Collection:  Suspected Foodborne Illness  Routine Surveillance  Consumer Complaint  RMS NARMS  Other

Product Information: Manufacturer/Brand: Code / Lot:

Temperature Control at Time of Packing: °C / °F (Circle one)

SLD Use Only: Temp Control at SLD: 13.9 °C Initials: SLD / KNE  Sample Not Intact  Sample Intact Mode of Arrival:  DMC  In Person  Other

Comments: Temp not taken

Analysis Requested (Check the following that applies:)

- Listeria  Salmonella  E. coli O157:H7  E. coli O157:H7 Robust Test (325-grams)  Campylobacter  Meat Carcass Swab Coliform/E.coli count  Standard Plate Count (food)  Aerobic Plate Count (swab)  Beta Hemolytic Strep  S. aureus  B. cereus  Shigella  Y. enterocolitica  C. perfringens  C. difficile  Yeast / Mold  Gram Negative Culture  Gram Positive Culture  C. sakazakii  Gram Stain  pH  Foreign Matter ID  Container Analysis  Coliform Count  E. coli Count  Vibrio species  Other:



NEW MEXICO

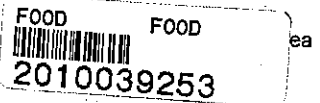
DEPARTMENT OF

HEALTH

FOOD ANALYSIS REQUEST FORM

Scientific Laboratory Division
1101 Camino de Salud NE
Albuquerque, N. M. 87102
Phone # (505) 383-9129

LAB NO.



DATE & TIME OF RECEIPT: 03-10 P 12:12 RCVD AT SLD

USER CODE:

- 51000 (Epidemiology) [checked]
55110 (NMED)
70101 (VDS)
70102 (NMDA)
91300 (FDA)
Other: [ ] [ ] [ ] [ ] [ ]

SUBMITTER CODE: 103

Submitter Agency Name: ID Epi DOH

COLLECTED BY: Espinoza Judith

DATE SAMPLE COLLECTED: 11/3/10

Phone Number: 768-2632 (350-9859 cell)

TIME SAMPLE COLLECTED: 11:35 Military Time

SAMPLE INFORMATION ~ to be filled out by the Sample Collector

SAMPLE TYPE: FOOD [checked] SWAB OTHER: [ ]

FIELD SAMPLE ID: Parmigiano

FOOD ESTABLISHMENT / SOURCE

Name: Full Address: Food Establishment #: Phone #:

Reason for Collection

- Suspected Foodborne Illness [checked]
Routine Surveillance
Consumer Complaint
RMS NARMS
Other

Product Information: Manufacturer/Brand: Kirkland

Code / Lot: 235382 113745

Temperature Control at Time of Packing

33.6 °C (°F circled)

SLD Use Only

Temp Control at SLD: 13.9 °C Initials: SLH/IKNE

- Sample Not Intact [checked]
Sample Intact

- Mode of Arrival: DMC [ ]
In Person [checked]
Other [ ]

Comments:

Comments:

Analysis Requested ( Check the following that applies: )

- Listeria
Salmonella
E. coli O157:H7 [checked]
E. coli O157:H7 Robust Test (325-grams)
Campylobacter
Meat Carcass Swab Coliform/E.coli count
Standard Plate Count (food)
Aerobic Plate Count (swab)
Beta Hemolytic Strep
S. aureus
B. cereus
Shigella
Y. enterocolitica
C. perfringens
C. difficile
Yeast / Mold
Gram Negative Culture
Gram Positive Culture
C. sakazakii
Gram Stain
pH
Foreign Matter ID
Container Analysis
Coliform Count
E. coli Count
Vibrio species
Other:

383 - 9144  
9129

LT2 *E. coli* Enumeration     
  Waste Water Treatment Plant     
  Other Location     
  Down Stream     
  Repeat Source (GWR)

Other:     
  Other:     
 Orig SLD # (ten digit #):

**\* ANALYSIS REQUESTED (check one per request)**

DRINKING WATER	WASTEWATER	OTHER SOURCES
<input checked="" type="checkbox"/> Total Coliform - MMO-MUG	<input checked="" type="checkbox"/> <i>E. coli</i> count Wastewater QuantiTray	<input type="checkbox"/> Iron & Sulfur Bacteria
<input type="checkbox"/> Ground Water Rule - MUG	<input type="checkbox"/> Fecal Coliform - Membrane Filter	<input type="checkbox"/> Pseudomonas
<input type="checkbox"/> Heterotrophic Plate Count	<input type="checkbox"/> Fecal Coliform - MPN	<input type="checkbox"/> Algae ID
	<input type="checkbox"/> EC-MUG MPN	<input type="checkbox"/> Salmonella
	<input type="checkbox"/> Enterococci - QuantiTray	<input type="checkbox"/> <i>E. coli</i> count water - QuantiTray
		<input type="checkbox"/> Total Coliform MPN Dairy Only
		<input type="checkbox"/> Dairy Water SPC
		<input type="checkbox"/> Total Coliform Membrane Filter
		<input type="checkbox"/> OTHER

**\*Use Chain of Custody FOR ALL SAMPLES:**

The sample identified on the container and this form was collected then transferred with an evidentiary seal:

BY: Print Name	Signature	Date	Time	Present & Intact	Not Present	Present & Damaged
Espinoza Judith	<i>Judith Espinoza</i>	11/3/10	11:35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The sample identified on the container and this form was transferred with an evidentiary seal:

IQ: Print Name	Signature	Date	Time	Present & Intact	Not Present	Present & Damaged
K Nicole Espinoza	<i>K Nicole Espinoza</i>	11-3-10	12:10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The sample identified on the container and this form was transferred with an evidentiary seal:

IQ: Print Name	Signature	Date	Time	Present & Intact	Not Present	Present & Damaged
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The sample identified on the container and this form was transferred with an evidentiary seal:

IQ: Print Name	Signature	Date	Time	Present & Intact	Not Present	Present & Damaged
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: 11/5/10  
 Type of Sample: Cheese Bravo Farms - White Cheddar / Soft Dipolite Cheese  
 Lab #: 2010039738  
 Examination Requested: E.coli: O157:H7 & Coli Counts

New Mexico SLD Environment  
 Microbiology Food Analysis Test Form

Effective Date 01/16/09

Medium / Dilution	Selenite	Lactose / BBW	Crom / O157 / 722	SMAC	XLD / XLT	R10 / BVS	Crom / Salmonella / Agar	Hektoen / BGS / UREA	TEB / sm / VM / broth / Mbpw / 1X / 2X	ESA / MOX / Agar / TT / Haina	FB / IV / Fe / 25	Blood / Agar / Celsoldin	Pept / Iron / (iron / yeast)	EC / ELITE
10 <sup>0</sup> Work	BGBB	EC Broth			LSTIX	TSELA								
Reaction														
10 <sup>-1</sup> Work														
Reaction														
10 <sup>-2</sup> Work														
Reaction														
10 <sup>-3</sup> Work														
Reaction														
Media Lot	10/16/10	11/3/10			11/4/10			11/5/10	11/6/10		11/6/10	11/6/10	11/23/10	11/16/10

**Code**  
 N = no growth  
 - = no NLF's  
 0 = Alk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes**  
 11/15 set up 25g to 225mL 1x mBPN  
 Shomached 2min - 36C for 5hrs  
 @ 5hrs added A,C,U supps + incub 42C  
 Set up coliforms ~ via VRBA + 3-tube MPN (20g)  
 ~ 1300 to 1330 ~ 135  
 11/16 LSTIX → BGBB @ 35C for 48hrs -  
 EC Broth @ 44.5 for 24hrs.  
 Also did 100g VRBA plates > 150x3 - confirmed w/ BGBB  
 11/17 VRBA picks confirmed on BGBB 10/10 +  
 confirmed Col. Count > 150 ECC/g  
 CTSMAC CHROMO157  
 - 1 PRZ NSF's Blue only  
 - 4 7 SF CFU's 7500 CFU, all blue  
 - 5 No growth 5000 CFU, all blue  
 (S-BB) ↓

**Notes**  
 11/18 SMAC<sup>1,2,3,4</sup> = (4/6)x4 → O157 -  
 Patha DP C<sub>1,2</sub> = (0/6)x2 → O57  
 11/18 SMAC<sup>1,4</sup> = (4/6)x4 → O157  
 7 IX4 CHROM<sup>4</sup> to CTSMAC  
 IX1 Patha SA CHROM → CTSMAC  
 11/19 ~ Isolates had no growth on CTSMAC

**Notes**

mBPN CTSMAC CHROMO157 TSE/LIA  
 u/hy No growth → No growth  
 ul: 5502 7 - 7500 - blue @ 16  
 ul: 0157 7 + 9500 - magenta @ 16  
 NSF

Total Coliform MPN: 1500/g  
 Fecal Coliform MPN: 1500/g

E.coli: O157:H7 Not Isolated

Final Report

By: RET

Date: 11/19/10

Lab # 39738

In Date: 11/5/10

End Analysis: 11/17/10

Analyst: SLH

Circle Method **SM 9221 B: Total coliforms, Dairy MPN**

**SM 9221 E: Fecal coliform MPN**

**SM 9221 E: Soil/Sludge MPN** **SM 9221 F: E. coli MPN w/ MUG**

**9213 F: P. aeruginosa MPN**

**BAM ch 4C:**  
Food 3 Tube MPN  
Food 5 Tube MPN

Circle media type

(LST) or ASP

BGBB or EC or Acetamide

EC W/ MUG or (EC)

Start incubation	Date <u>11/15/10</u>	Time <u>14:00</u>
24 hour incubation	Date <u>11/16/10</u>	Time <u>12:17</u>
48 hour incubation	Date <u>11/17/10</u>	Time <u>11:32</u>

Start incubation	Date <u>11/16/10</u>	Time <u>12:38</u>
First 24 hours	Date <u>11/17/10</u>	Time <u>11:33</u>
Second 24 hours	Date	Time
Third 24 hours	Date	Time

Start incubation	Date <u>11/16/10</u>	Time <u>12:41</u>
First 24 hours	Date <u>11/17/10</u>	Time <u>11:41</u>
Second 24 hours	Date	Time

Lab #	Dilution	A	B	C	D	E
	-1	+	+	+		
	-2	+	+	+		
	-3	-	+	+		
	-4	+	-	-		

A	B	C	D	E
+	+	+		
+	+	+		
	+	+		
+				

A	B	C	D	E
+	+	+		
+	+	+		
	+	+		
+				

Total Coliform Code MPN index #

Total/ Fecal MPN Code MPN index #

Fecal/ E. coli MPN code MPN index #

3-Tube MPN Results:

\_\_\_\_\_ = \_\_\_\_\_

3-Tube MPN Results:

\_\_\_\_\_ = \_\_\_\_\_

MPN Index Value

\_\_\_\_\_ /g

MPN Index Value

\_\_\_\_\_ /g

$3 - 2 - 1 = 150$   
 $10 \times$

\_\_\_\_\_ = 1500

1500 /g

\_\_\_\_\_ /g

(-2, -3, -4)

$3 - 2 - 1 = 150$   
 $10 \times$

\_\_\_\_\_ = 1500

1500 /g

\_\_\_\_\_ /g

chipolte cheese

Date: 11/5/06  
 Type of Sample: Cheese Pepper Jack cheese  
 Lab #: 2010039737  
 Examination Requested: Ecol, 0157:H7 & Coli Counts

New Mexico SLD Environmental Microbiology Food Analysis Test Form

Effective Date 01/16/09

Medium Dilution	Selenite	Lactose Bile	Crom 0157 Agar	SMAC	XLD/XLT4	R100 RVS	Crom Salmonella Agar	Heidoben BCS/VBA	EMB / MYP / Mbroth	LSA / MOX Agar / TT Haina	FB W / Pe	Blood Agar / cefso 6din	Perfilm / adeonyc	PO / EMBC
10 <sup>0</sup> Work	BGBB	EC Broth			157ix									
Reaction														
10 <sup>-1</sup> Work														
Reaction														
10 <sup>-2</sup> Work														
Reaction														
10 <sup>-3</sup> Work														
Reaction														
Media Lot	106110	11310			11410	11810		11210	11310		11210	11310	112310	11310(A)

**Code**  
 N = no growth  
 - = no NLF's  
 0 = Alk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes**  
 11/15 setup 25g to 225mL WOMBAN  
 11/15 stomached 2 minutes → 36°C  
 For 5-hrs  
 @ 5 hr mark added supps + incubate  
 Also setup Coli Counts to VABA + 3-tube MPN (2ph)  
 Plated out MBAN to CSMAC + Chromagar - 35°C Alkaline  
 11/16 157ix → BGBB @ 35°C for 48 hrs  
 EC @ 44.5°C for 24 hrs.  
 VABA plates → ISO K3 → BGBB  
 11/17 VABA picks confirmed on BGBB 10/10+  
 confirmed coli count → 150 ECC/g  
 Plateology  
 D.P. Chrom: pos, neg-like CSMAC: SF only  
 sub A: blue only

**Notes**  
 11/17 CSMAC Chrom blue only  
 -1 SF only  
 -4 soft SF only soft pos, neg mostly blue  
 -5 SF only - 200 CFU's  
 11/18 Chrom 1,2,3 4/6 x 3 → 0157 -  
 Rth SF Chrom = 4/6 → 0157 -  
 No more picks taken

**Notes**

CC - worksheet 39738

Total Coliform MPN: 2400/g  
 Fecal Coli MPN: 2400/g

Ecol: 0157:H7 Not Isolated

Final Report

By: PJT

Date: 11/18/06

Lab # 39737  
Lab # \_\_\_\_\_

In Date: 11/5/10

End Analysis: 11/17/10

Analyst: JCH

Circle Method SM 9221 B Total coliforms, Dairy MPN

SM 9221 E: Fecal coliform MPN

SM 9221 E: Soil/Sludge MPN

SM 9221 F: E. coli MPN w/ MUG

9213 F: P.aeruginosa MPN

**BAM ch 4C:**  
Food 3 Tube MPN  
Food 5 Tube MPN

Circle media type

LST or ASP

BGGB or EC or Acetamide

Start incubation	Date <u>11/15/10</u>	Time <u>14:00</u>	Start incubation	Date <u>11/16/10</u>	Time <u>12:38</u>	Start incubation	Date <u>11/16/10</u>	Time <u>12:41</u>
24 hour incubation	Date <u>11/16/10</u>	Time <u>12:15</u>	First 24 hours	Date <u>11/17/10</u>	Time <u>11:35</u>	First 24 hours	Date <u>11/17/10</u>	Time <u>11:40</u>
48 hour incubation	Date <u>11/17/10</u>	Time <u>11:35</u>	Second 24 hours	Date	Time	Second 24 hours	Date	Time

Lab #	Dilution	A	B	C	D	E
	-1	+	+	+	/	/
	-2	+	+	+	/	/
	-3	+	+	+	/	/
	-4	-	-	-	/	/
		/	/	/	/	/
		/	/	/	/	/
		/	/	/	/	/

Total Coliform Code MPN index #

Lab #	Dilution	A	B	C	D	E
	-1	+	+	+	/	/
	-2	+	+	+	/	/
	-3	+	+	+	/	/
	-4	/	/	/	/	/
		/	/	/	/	/
		/	/	/	/	/
		/	/	/	/	/

Total/ Fecal MPN Code MPN index #

Lab #	Dilution	A	B	C	D	E
	-1	+	+	+	/	/
	-2	+	+	+	/	/
	-3	+	+	+	/	/
	-4	/	/	/	/	/
		/	/	/	/	/
		/	/	/	/	/
		/	/	/	/	/

Fecal / E. coli MPN code MPN index #

3-Tube MPN Results: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_

3-Tube MPN Results: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_

MPN Index Value \_\_\_\_\_ /g

MPN Index Value \_\_\_\_\_ /g

$$\begin{array}{r} 3 - 3 - 0 = 240 \\ \quad \quad \quad \times 10 \end{array}$$

$$\text{_____} = 2400$$

2400 /g

\_\_\_\_\_ /g

$$\begin{array}{r} 3 - 3 - 0 = 240 \\ \quad \quad \quad \times 10 \end{array}$$

$$\text{_____} = 2400$$

2400 /g

\_\_\_\_\_ /g

Pepper Jack cheese

Date: 11/18/10  
 Type of Sample: Cheese Bravo Farms white cheddar  
 Lab #: 2010039736  
 Examination Requested: E.coli O157:H7 + Coli Count

New Mexico SLD Environment  
 Microbiology Food Analysis Test Form

Effective Date 01/16/09

Medium	Selenite	Lactose	Chrom	SMAC	XLD/XLT4	R1/R/S	Chrom	Hektoen	LEB	LSA	FB w/	Blood	Petrifilm	PO	Code
Dilution	Agar	BBW	0157				Salmonella	BGS	mUVM broth	MOX Agar	Fe <sup>2+</sup>	Agar	Agar	ELFC	
10 <sup>0</sup> Work	BGBB	EC Broth			LSTIX				Mbroth 1x/2x						
Reaction															
10 <sup>-1</sup> Work															
Reaction															
10 <sup>-2</sup> Work															
Reaction															
10 <sup>-3</sup> Work															
Reaction															
Media Lot #	11/18/10	11/3/10			11/4/10	11/10/10		11/15/10	11/8/10		11/18/10	11/30/10	11/23/10	11/18/10	

**Code**  
 N = no growth  
 - = no NLF's  
 0 = Alk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes**  
 11/5 set up 25g to 25mL 1:10 MPN stomached → 36°C for 5 hrs  
 @ 5hr mark added ACU supps + incub → 42°C O/N  
 Also set up Coli Count - via VRBA plating + 3-tube MPN (22m)  
 Plated out of MBFW to CSMAC + chrom - 35°C also on PARAFIX  
 11/6 LSTIX → BGBB @ 35.0 for 48 hrs.  
 → EC Broth @ 44.5 ↓ 24 hrs  
 VRBA plates > 150 X3 → BGBB  
 11/7 VRBA picks 10/10+ Total Coli Count > 150000/g  
 CSMAC chrom  
 FX NSF blue only  
 20+ blue only

**Notes**  
 CSMAC CHROM  
 11/7 - 1 SF only blue only  
 - 4 20+ SF PR2 NSF almost confluent blue SF may like → CSMAC  
 - 5 50 SF 20+ blue  
 11/8 both DP smac - 0/6 → 0157 -  
 smac<sup>4</sup> → 0/6 X2 → 0157 -  
 2, 1 C<sup>4</sup> ~ No growth on smac  
 No more picks taken - not isolated

**Notes**

QC see worksheet 39738

Total Coli Count MPN: 11,000/g  
 Fecal Coli MPN: 4,000/g

E.coli O157:H7 Not Isolated

Final Report

By: PET Date: 11/18/10

Lab # 39736

In Date: 11/5/10

End Analysis: 11/17/10

Analyst: JCH

Lab #

Circle Method SM 9221 B Total coliforms, Dairy MPN

SM 9221 E: Fecal coliform MPN

SM 9221 E: Soil/Sludge MPN

SM 9221 F: E. coli MPN w/ MUG

9213 F: P.aeruginosa MPN

BAM ch 4C: Food 3 Tube MPN Food 5 Tube MPN

Circle media type

(LST) or ASP

RGGB or EC or Acetamide

Start incubation

Date 11/16/10

Time 12:38

EC W/ MUG or (EC)

Start incubation

Date 11/15/10

Time 14:00

First 24 hours

Date 11/17/10

Time 11:30

Start incubation

Date 11/16/10

Time 12:41

24 hour incubation

Date 11/16/10

Time 12:09

Second 24 hours

Date

Time

First 24 hours

Date 11/17/10

Time 11:38

48 hour incubation

Date 11/17/10

Time 11:30

Third 24 hours

Date

Time

Second 24 hours

Date

Time

Lab #	Dilution	A	B	C	D	E
	-1	+	+	+		
	-2	+	+	+		
	-3	+	+	+		
	-4	-	+	+		

Total Coliform Code MPN index #

A	B	C	D	E
+	+	+		
+	+	+		
+	+	+		
	+	+		

Total/ Fecal MPN Code MPN index #

A	B	C	D	E
+	+	+		
+	+	+		
+	+	+		
	+	+		

Fecal / E. coli MPN code MPN index #

3-Tube MPN Results: - - - =

3-Tube MPN Results: - - - =

MPN Index Value /g

MPN Index Value /g

$$3 - 3 - 2 = 11000 \text{ (with } 10^x \text{ and } (-2, -3, -4) \text{ written above)}$$

$$- - - = 11000$$

11000 /g

/g

$$3 - 3 - 2 = 1100 \text{ (with } (-2, -3, -4) \text{ written above)}$$

$$- - - = 11000$$

11000 /g

/g

White cheddar cheese



Date: 11/5/10 Type of Sample: Ground #4  
 Lab #: 2010 39735 Examination Requested: Ecol: 0157:H7

Seed by 8/23/11  
 Plant 06821

New Mexico SLD Environment  
 Microbiology Food Analysis Test Form

Effective Date 01/16/09

Medium	Selenite	Lactose/BBW	Grom 0157 Agar	CTSMAC	XLD/XLT4	R10/RVS	Grom Salmonella Agar	Hektoen/BS/TSE/LIA's	LEB/mUVM broth	LSA/MOX Agar	FB w/Fe	Blood Agar/celsolodin	Petrifilm/Albomycin	PDW/BHEC
10 <sup>0</sup> Work														
Reaction														
10 <sup>-1</sup> Work														
Reaction														
10 <sup>-2</sup> Work														
Reaction														
10 <sup>-3</sup> Work														
Reaction														
Media Lot#		10/22/10	11/3/10	11/3/10					10/29/10		6/7/10	2/30/10	7/28/10	

**Code**  
 N = no growth  
 - = no NLF's  
 0 = Alk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes (11/6)** Set up 50g to 450ml BPN stomached → 42°C for 4 hrs  
 Also set up 25g to 225ml MBPW 1X stomached → 36°C for 5 hrs  
 4 hrs ran PATHArix on BPN plated to CTSMAC & CHROM 0157 - 35°C  
 5 hrs added A,C,I,V supps + incub @ 42°C O/N  
 (11/7) Fast Patharix plates - CHROM CTSMAC  
 A Blue ch's SF ch's ~ 10-50  
 B Blue + smoky SF ~ 22 ch's  
 PX2  
 Plated out MBPW's 10<sup>1</sup> → 10<sup>5</sup> to CHROM & CTSMAC - 35°C  
 (11/8) Patha Pick's Patha B C 62 @ 6x2 ~ 0157  
 Dicks done on all other plates

**Notes (11/6)** CTSMAC PATHA CHROM CTSMAC  
 - 1 Bluey-like SF  
 - 2 Confined Blue PX2  
 - 3 PX4 smoky SF  
 - 4 7406 blue + smoky SF  
 - 5 ~ 200 blue ch's  
 (11/7) Patha CHROM 0157 CTSMAC  
 DP. PX2 smoky blue SF + NSFs  
 (11/9) PATHA CHROM MBPW DP 1-3 @ 6x3 ~ All 0157  
 CTSMAC DP A & DP B ~ @ 6x4 ~ All 0157  
 MBPW CTR C<sub>1,2</sub> @ 6x2 ~ 0157  
 Non PATHA C<sub>1-4</sub> @ 6x4 ~ 0157  
 No Picks taken from other plates.

**Notes**

3B0 MBPW CTSMAC CHROM 0157 TSE/LIA  
 Sterility N.G. → N.G. → No growth  
 Ecol: + → N.G. → - short  
 Ecol: 0157 + → NSRV → neg  
 (4) 16  
 (4) 16

Ecol: 0157:H7 Not Isolated

Final Report

By:

TET

Date:

11/12/10

Date: 11/3/10 Type of Sample: Gonda  
 Lab #: 2010039734 Examination Requested: Ecol: 0157:H7; 3 Tube MPN

New Mexico SLD Environmental Microbiology Food Analysis Test Form

Effective Date 01/16/09

Medium	Selenite	Lactose	Crom	SMAC	XLD	AR10	Crom	Hektoen	LEB	LSA	FB w/	Bl860	Peiffert	PO1	Code
Dilution	BGBB	BPW	0157	WCT	XLT1	RV5	Salmonella	ECS/LIA	mLVM broth	MOX Agar	Re. No.	Agar/	Vancomycin	EHEC	
10 <sup>0</sup> Work															
Reaction															
10 <sup>-1</sup> Work															
Reaction															
10 <sup>-2</sup> Work															
Reaction															
10 <sup>-3</sup> Work															
Reaction															
Media Lot #	9/9/10	9/24/10	11-8-10	11-8-10	10/13/10	10/22/10	11/10/10	11/10/10	10/21/10	6/11/10	9/2/10	7/23/10			

Code  
 N = no growth  
 - = no NLF's  
 0 = Alk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes**  
 Setup 50g to 450mL BPW ~ 42°C - 4 hrs  
 (11/3) set up 25g X 225mL in BPW X 4 ~ 36°C - 5 hrs  
 setup 11g to 99mL buffer for 3-tube MPN  
 (11/9) sub LSTIX positives → BGBB (4th) → 35°C  
 11/12 (+) for gas EC (2th) → 44.5°C  
 (11/9) Plated 10<sup>-1</sup> DP to CROM + SMAC 35°C  
 AB, C, D 10<sup>-4</sup> sub CROM + SMAC  
 10<sup>-5</sup> sub chrom = SMAC  
 Ran Pathatrix on A, B, C, D,  
 Direct Plate with 20ul to CROM + SMAC  
 99mL MgCl  $\xrightarrow{\text{sub}}$  CROM  
 $\xrightarrow{\text{sub}}$  SMAC

**Notes**  
 (11/10) See Attached worksheets

**Notes**

Total Coliforms MPN : 11,000/g  
 Fecal Coliforms MPN : 11,000/g  
 Final Report Ecol: 0157:H7 Not Isolated

By: PET Date: 11/13/10

Lab # 39734

Lab # N/A

In Date: 11/5/10

End Analysis: 11/10/10

Analyst: JCH/PE

Circle Method SM 9221 B: Total coliforms, Dairy MPN

SM 9221 E: Fecal coliform MPN

SM 9221 E: Soil/Sludge MPN

SM 9221 F: E. coli MPN w/ MUG

9213 F: P. aeruginosa MPN

BAM ch 4C:

Food 3 Tube MPN

Food 5 Tube MPN

Circle media type

(LST) or ASP

(BGGB) or EC or Acetamide

EC W/ MUG 'or' (EC)

Start incubation Date 11/8/10 Time 11:34

Start incubation Date 11/9/10 Time 11:56

Start incubation Date 11/9/10 Time 11:57

24 hour incubation Date 11/9/10 Time 11:28

First 24 hours Date 11/10/10 Time 11:21

First 24 hours Date 11/10/10 Time 11:23

48 hour incubation Date 11/10/10 Time 11:19

Second 24 hours Date

Second 24 hours Date

Third 24 hours Date

Lab #	Dilution	A	B	C	D	E
39733	-1	+	+	+		
	-2	+	+	+		
	-3	+	+	+		
	-4	+	-	+		

Total Coliform Code MPN index #

A	B	C	D	E
+	+	+		
+	+	+		
+	+	+		
+		+		

Total/ Fecal MPN Code MPN index #

A	B	C	D	E
+	+	+		
+	+	+		
+	+	+		
+	+	+		
+		+		

Fecal / E. coli MPN code MPN index #

3-Tube MPN

Results:

- - - =

3 - 3 - 2 = 1100

3 - 3 - 2 = 1100

3-Tube MPN

Results:

- - - =

- - - = 11000

- - - = 11,000

MPN Index

Value

/g

/g

/g

MPN Index

Value

/g

11,000 /g

11,000 /g

Gouda

O = 40hrs

Subset ID	Sample Dilution	Chrom 0157 w/cef	SMAC w/CT	TSI/LIA Micro-ID	0157/H7	EIA/PCR
2010039734A pathatrix	DPA	- SF's blue only (PX1) <del>cept</del>	SF's only	(4)6	-	
	DPB					
	sub A	PX2 mag like		(4)6 x 4 →	All -	
734A	-1	possibly blue, AT mag-like (PX1) <del>cept</del>	SF only	C <sub>1,2</sub> = (4)6 x 2 → 0157 - (4)6 x 4	All -	
	-2	-	-			
	-3	contaminated blue	400+ SF's PX2 NSF's ~ 400-500	(4)6 All 0157 -	-/	
	-4	blue contaminated PX1	~ 100 SF's no NSF's	(4)6 = 0157 -	-/	
	-5	400+ blue cef's PX2 mag.	6 SF no NSF's	(4)6 C <sub>1,2</sub>	-/	
734B pathatrix	DPA	SF & some NSF PX2	PX2 mag-like	(4)6 x 4 All 0157 -	-/	
	DPB					
	sub A	blue & AT mag cef's (PX8) <del>cept</del>	N.C.	C <sub>1,2</sub> = (4)6 x 8	-/	
734B	-1	blue only	SF only			
	-2					
	-3					
	-4	PX2 mag blue cef's	PX2 SF only	(4)6 x 2	-/	
	-5	2 SF's	blue cef's same AT mag.			
734C pathatrix	DPA	blue only				
	DPB					
	sub A	blue w/ AT like mag's (PX8) <del>cept</del>	7 SF			
<b>Subset ID</b>						
734C	-1	blue cef's	SF only			
	-2	-				
	-3	-				
	-4	PX1 + NSF ~ 600+ contaminated blue PX2 ~ 100 SF's	14 SF NSF - PX1	(4)6 = 0157 - C <sub>1,2</sub> = (4)6 x 2 → 0157 -	-/	
	-5	400+ cef's blue PX2 mag-like	17 SF	(4)6 C <sub>1,2</sub>	-/	
734D pathatrix	DPA	blue only	SF only			
	DPB					
	sub A	blue & AT mag-like cef's	SF only ~ 22	C <sub>1,2</sub> = (4)6 x 8 All →	-/	

(PX8 mag-like cef's) C40hrs

Subset ID	Dilution	Chrom 0157 w/col	SMAC WCT	TSI/LIA Micro-ID	0157/H7	EIA/PCR
734D	-1	Px1 mag, only blue	Px1 NSF, mostly SF	C16c. m. C16x1	- /	
	-2					
	-3					
	-4	750 <sup>cfu</sup> blue cfus	Px2 NSF, mostly (200 <sup>cfu</sup> SF)	m1,2 C16x2	- /	
	-5	200 cfu <sub>g</sub> - Px2	<sup>30</sup> / <sub>60</sub> SF	C1,2 C16x2	- /	

Date: 11/5/10  
 Type of Sample: Ganda  
 Lab #: 2010039733  
 Examination Requested: E.coli: O157:H7 ; 3 Tube MPN

New Mexico SLD Environment  
 Microbiology Food Analysis Test Form

Effective Date 01/16/09

Medium Dilution	Scientific	Lactose	Crom	SMAC	XLB	R10	Crom	Hektoen	LEB	ISA	PB W	Blood	Petrifilm	PO
	BPW	Agar	w/cr	W/cr	XLTA	RVS	Salmoneilla	BGS	Mbroth	Agar	TC	Agar	Amiconycin	RHPC
10 <sup>0</sup> Work	B6BB				EC	LST IX			Mbroth			Cefsoldin		
Reaction														
10 <sup>-1</sup> Work														
Reaction														
10 <sup>-2</sup> Work														
Reaction														
10 <sup>-3</sup> Work														
Reaction														
Media Lot#	9/9/10		1-8-10	1-8-10	10/13	10/20			10/29/10		6/1/10	9/20/10	7/23/10	

**Code**  
 N = no growth  
 - = no NLF's  
 0 = Atk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes**  
 (11/8) set up 25g X 225ml MBPW X 4 - 36°C - 5hrs  
 set up 11g for 3-Tube MPN  
 (11/9) sub LST IX positives to → B6BB (48h) → 36°C  
 6/12 (+) for gas → EC (24h) → 44.5°C  
 (11/9) Plated A, B, C, D  
 Direct Plate 10<sup>-1</sup> → CROM  
 → SMAC W/Cr  
 10<sup>-4</sup> → CROM  
 10<sup>-5</sup> → SMAC  
 → CROM  
 → SMAC  
 Ran Pathatrix on A, B, G, D,  
 Direct Plate → CROM  
 → SMAC  
 99ml mgcr sub A → CROM  
 → SMAC W/Cr

**Notes**  
 (11/10) see Attached Sheets  
 (11/13) suspect isolate pick when taken from  
 BAP was O157 +, was weak. Also was inhibited  
 on CROMAC - & seems what did grow was SF  
 was not true magenta on chloram.  
 ∴ Not E.coli: O157

**Notes**

Total Coliform MPN: 240/g  
 Fecal Coliform MPN: 43/g  
 E.coli: O157:H7 Not Isolated

Final Report  
 By: PET  
 Date: 11/13/10

Subset ID	Dilution	Chrom0157/w/cel	SMAC w/CT	TSI/LIA Micro-ID	0157/H7	EIA/PCR
2010039733A	-1	bleary	SF only			
	-2					
	-3					
	-4	confluent blue	3 SFs			
	-5	blue only 400x	1 SF ctu			
733A pathatrix	DPA	blue only	SF only			
	DPB					
	sub A	27 SFs bleary	+SF 2 SFs			
733B	-1	SF only	blue only			
	-2					
	-3					
	-4	500x ~ blue	4 SF ctu's			
	-5	blue same magnification as PX2	No growth	(X) 6x2 sub to BAP + Hbreth on 11/12/10 Isolate did not Agglutinate well C1 - (+)   wk Agglut C2 - (-)   <del>Agglut</del>		Front sheet <del>Agglut</del>
Subset ID	Sample Dilution	Chrom0157/w/cel	SMAC w/CT	TSI/LIA Micro-ID	0157/H7	EIA/PCR
733B pathatrix	DPA	blue only	SF only	not true magnification		
	DPB	blue only				
	sub A	20 blue only	SF only			
733C	-1	blue only	SF only			
	-2	—	—			
	-3	—	—			
	-4	confluent blue	27 SF			
	-5	400x blueish ctu's	1 SF			
733C pathatrix	DPA					
	DPB					
	sub A		No growth			

Subset ID	Sample Dilution	Chrom0157 w/cef	SMAC w/GF	TSI/LIA Micro-ID	0157/H7	EIA/PCR
733D	-1	blue only	SF only			
	-2					
	-3					
	-4	blue only	2 cfu SF			
	-5	blue only	N.G.			
733D pathatrix	DPA	blue only	pxi NSF, rest SF	m. 0/6x1	- /	
	DPB					
	sub A	blue only 27cfu's	⊗ 1 SF			



Lab # 39733

In Date: 11/5/10

End Analysis: 11/10/10

Analyst: SLH/16

Lab # N/A

Circle Method SM 9221 B: Total coliforms, Dairy MPN

SM 9221 E: Fecal coliform MPN

SM 9221 E: Soil/Sludge MPN

SM 9221 F: E. coli MPN w/ MUG

9213 F: P.aeruginosa MPN

BAM ch 4C: Food 3 Tube MPN Food 5 Tube MPN

Circle media type

(LST) or ASP

(BGGB) or EC or Acetamide

EC W/ MUG or (EC)

Start incubation	Date	Time
	11/8/10	11:34
24 hour incubation	Date	Time
	11/9/10	11:27
48 hour incubation	Date	Time
	11/10/10	11:20

Start incubation	Date	Time
	11/9/10	11:56
First 24 hours	Date	Time
	11/10/10	11:22
Second 24 hours	Date	Time
Third 24 hours	Date	Time

Start incubation	Date	Time
	11/9/10	11:57
First 24 hours	Date	Time
	11/10/10	11:25
Second 24 hours	Date	Time

Lab #	Dilution	A	B	C	D	E
39733	-1	+	+	+	/	/
	-2	+	+	+	/	/
	-3	-	-	-	/	/
	-4	-	-	-	/	/
		/	/	/	/	/
		/	/	/	/	/
		/	/	/	/	/

A	B	C	D	E
+	+	+	/	/
+	+	+	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

A	B	C	D	E
+	+	+	/	/
-	-	+	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

Total Coliform Code MPN index #

Total/ Fecal MPN Code MPN index #

Fecal / E. coli MPN code MPN index #

3-Tube MPN Results: - - - =

3 - 3 - 0 = 240 (-1, -2, -3)

3 - 1 - 0 = 43 (-1, -2, -3)

3-Tube MPN Results: - - - =

- - - =

- - - =

MPN Index Value /g

/g

/g

MPN Index Value /g

240 /g

43 /g

Gouda

# Shiga-Toxin

**Protocol:** Shiga Toxin.prt

**Analyst:** Nicole Espinoza

**Kit Lot #:** 608096.140

**Data:** NewPlate

**Date:** 11/09/2010

**Expiration :** 01/26/2012

The percentage of low positive results (OD 0.150-0.200) must be determined. A percentage greater than 5% indicates insufficient washing and the run must be repeated with additional washes.

Low Positive results less than 5%? \_\_\_\_\_

????? OD readings are interpreted as POS since they are >4.000 and are above the cutoff (0.150)

Meas1\_Filter1: 450

Meas2\_Filter1: 630

Cut-Off#1: 0.150

**Table Title**

Data Type	Condition	Status
Delta OD	Pos>0.500	VERIFIED
Delta OD	0.00<Neg<0.150	VERIFIED

**Plate Title**

	1	2	3	4	5	6	7	8	9	10	11	12	Name
<b>A</b>	1.097	734C 0.005	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Delta OD Symbols
	POS	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	
<b>B</b>	0.005	734D 0.004	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Delta OD Symbols
	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	
<b>C</b>	733A 0.004	734BPW 0.005	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Delta OD Symbols
	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	
<b>D</b>	733B 0.006	732DP A M2 3.024	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Delta OD Symbols
	NEG	POS	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	
<b>E</b>	733C 0.006	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Delta OD Symbols
	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	
<b>F</b>	733D 0.005	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Delta OD Symbols
	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	
<b>G</b>	734A 0.004	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Delta OD Symbols
	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	

# Shiga-Toxin

Protocol: Shiga Toxin.prt

Analyst: Nicole Espinoza

Kit Lot #: 608096.140

Data: NewPlate

Date: 11/09/2010

Expiration : 01/26/2012

## Plate Title

	1	2	3	4	5	6	7	8	9	10	11	12
	734B											
H	0.007	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG	NEG

Date: 11/5/10  
 Type of Sample: Gorda sell by 6/30/11 date  
 Lab #: 2010039732  
 Examination Requested: Ecol: 0157:H7 - 3-Tube MPN

Returned 11/5/10  
 0168

New Mexico SLD Environmental Microbiology Food Analysis Test Form

Effective Date 01/16/09

Medium	Selenite	Tellurite	Crom	CSMAC	XLD	VR10	Crom	Hektoen	EMB	ISA	TSB w	Blood	Betafilm	PO4	Code
Dilution			0157		XLT4	RVS	Salmone	BGS	mLVM broth	MOX	Agar	Agar	Agar	EHEC	
10 <sup>0</sup> Work															
Reaction															
10 <sup>-1</sup> Work															
Reaction															
10 <sup>-2</sup> Work															
Reaction															
10 <sup>-3</sup> Work															
Reaction															
Media Lot		10/22/10	11/3/10	11/3/10				8/10/10	11/3/10				7/23/10		weber 19348 A exp 2/11

Code  
 N = no growth  
 - = no NLF's  
 0 = Alk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes**  
 (11/6) Setup 50g to 450ml BPW - 42C stomached for 4 hrs  
 Also setup 25g to mBPN IX stomached - 36C for 4 hrs  
 & set up 3 tube MPN - 1 -> -4  
 @ 4 hrs set up Pathatrix (BPW) plated to CHROMO57 & CTSMAC - 35C  
 @ 5 hrs added A,C,U supps to mBPN & incub @ 42C O/N  
 (11/7) Pathatrix clean CTSMAC 35F -> No picks  
 A 35blue 35F  
 B 20 blue 15F  
 Plated out mBPN to CHROM & CTSMAC 10<sup>-1</sup> to 10<sup>-5</sup> - 35C  
 Also ran mBPN & BPW on Pathatrix

**Notes**  
 CTSMAC CHROMO57 PATIA CTSMAC CHROM  
 (11/8) mBPN  
 -1 mostly SF  
 -2 PKH NSF-like  
 -3 PK2 NSF-like  
 -4 PK2 NSF-like  
 -5  
 (BPW) - PATIA CTSMAC  
 DP - PK2  
 DP - SF  
 CHROM  
 Blue-grey AT-like  
 (11/9) mBPN PICKS  
 SMAC<sup>2</sup> 1-4 = 4/6 = 11/0157 - CHROM<sup>1,2</sup> @ 1/6 x 2 - 11/0157 -  
 SMAC<sup>3</sup> 1,2 = 0/6 = 11/0157 -  
 SMAC<sup>4</sup> 1,2 = 0/6 " " " " " "  
 mBPN PATIA  
 DPA SMAC 1,2 = 0/6 x 2 SMAC<sup>2</sup> was 0157 (+) 4+  
 DPA SMAC 1,2 = 0/6 x 2 0157 -  
 DPA CHROM 1,2 = 0/6 x 2 = 0157 -  
 DP, SMAC 1,2 = 0/6 x 2 = 0157 -

**Notes**  
 (11/9) DPA SMAC<sup>2</sup> g - red, acid - EIA (+) -> PFGE + PCR  
 (11/10) MID setup = 23430 Ecol: LD1  
 H - H7 Neg - passing thru motility 133 pics  
 (11/11) PCR - 519 + 1212 (+)  
 macro H broth from motility  
 (11/12) H7 Neg - passed for 2nd time  
 (11/13) H7 - subbed to Motility & then fixed ~ 2<sup>+</sup>  
 passed for 3rd time  
 (11/14) 3rd pass H broth fixed subbed & another motility was set up  
 (11/15) 2nd pass & 3rd pass H broths tested - both (+) for H7

Ecol: 0157:H7 isolated

**Final Report**  
 Total Coliform MPN: 2400/g  
 Fecal Coliform MPN: 93/gram  
 By: REP  
 Date: 11/15/2010

See Form 39735

Lab #

2010039732

In Date: 11/5/10

End Analysis:

11/8/10

Analyst: RET

LIMS Batch #

Circle Method **SM 9221 E Total Coliforms, Dairy MPN**

**SM 9221 E Fecal coliform MPN**

**SM 9221 E Soil/Sludge MPN**

**SM 9221 F: E. coli MPN w/ MUG**

**9213 F: P.aeruginosa MPN**

Circle media type

**LST** or ASP

**BGBB** or EC or Acetamide

EC W/ MUG or **EC**

Start incubation	Date	Time	Dilution				
	Date	Time	A	B	C	D	E
Start incubation	11/6/10	10:30	+	+	+	/	/
24 hour incubation	11/7/10	1045	+	+	+	/	/
48 hour incubation	11/8/10	1205	+	-	-	/	/

Start incubation	Date	Time	Dilution				
	Date	Time	A	B	C	D	E
First 24 hours	11/7/10	1100	+	+	+	/	/
Second 24 hours	11/8/10	1205	+	+	+	/	/
Third 24 hours	11/9/10	1130	+	+	+	/	/

Start incubation	Date	Time	Dilution				
	Date	Time	A	B	C	D	E
Start incubation	11/7/10	1100	+	+	+	/	/
First 24 hours	11/8/10	1200	+	+	-	/	/
Second 24 hours	11/8/10	1200	-	-	-	/	/

Total Coliform Code MPN index #

Total Fecal MPN Code MPN index #

Fecal E. coli MPN code MPN index #

3 RET  
8-Tube MPN

Results: 3 - 3 - 0 =

10-Tube MPN

Results: \_\_\_\_\_ =

MPN Index Value \_\_\_\_\_ /100mL

Comments:

Lab  
BGBB 9/9/10  
EC 10/13/10  
LSTIX 10/26/11

RET  
RET  
3 - 3 - 0 = 2400 240

3 - 3 - 0 (x 10) = 2400

>400  
2400 /100mL RET  
g

3 - 2 - 0 = 93

93 /100mL RET  
gram

# Internal Use Only

Submitter: NMDA - Dairy Division  
 2604 Aztec NE  
 Albuquerque, NM 87107

Submitter Code: 369  
 Collector: DUSTIN COX  
 User Code: 70102

Food Establishment: COSTCO  
 RENNIANSE

Sample #:	2010039732	Date Collected:	11/5/2010 16:30
Source:	Food	Date Received:	11/5/2010 17:09
Sample Condition:	Sample Intact	Date Reported:	11/17/2010
Field Sample ID:	#1 RETURNED PRODUCT	Testing Reason:	Suspected Foodborne Illness

Test	Result	Date Approved	Technician
Heat stable Enterotoxin (st) gene mutation	No DNA detected	11/10/2010	FDG
Shigatoxin 1(stx1) gene	DNA detected	11/10/2010	FDG
Shigatoxin 2 (stx2) gene	DNA detected	11/10/2010	FDG
Bundle forming pilus (eaf) gene	No DNA detected	11/10/2010	FDG
Heat labile Enterotoxin (lt) gene	No DNA detected	11/10/2010	FDG
Invasive plasmid antigen H (ial) gene	No DNA detected	11/10/2010	FDG

**REFERENCE/NORMAL RANGE**  
 NA

**INTERPRETIVE CRITERIA**  
 Shigatoxin 1 (stx1) gene was detected  
 No Shigatoxin 1 (stx1) gene was detected  
 Shigatoxin 2 (stx2) gene was detected  
 No Shigatoxin 2 (stx2) gene was detected  
 Heat stable Enterotoxin (st) gene mutation was detected  
 No Heat stable Enterotoxin (st) gene was detected  
 Heat labile Enterotoxin (lt) gene was detected  
 No Heat labile Enterotoxin (lt) gene was detected  
 Bundle forming pilus (eaf) gene was detected  
 No Bundle forming pilus (eaf) gene was detected  
 Invasive plasmid antigen H (ial) gene was detected  
 No Invasive plasmid antigen H (ial) gene was detected

**INTERPRETIVE DATA**  
 The presence or absence of certain genes aids in further characterization of the *E. coli* being detected.  
 Associations with various *E. coli*: Stx1 & stx2 with STEC/TEC; eaf with A/EEC/EPEC; ial with EIEC; lt and st with ETEC.

## Internal: Final

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

**FOOD ANALYSIS REQUEST FORM**

LAB NO.

Scientific Laboratory Division  
700 Camino de Salud NE - P.O. Box 4700  
Albuquerque, N. M. 87196-4700  
Phone # (505) 841-2536/2537

FOOD FOOD  
2010039732

DATE & TIME  
OF RECEIPT: 05-10 P05:08 RCVD  
AT SLD

USER CODE:

- 51000 (Epidemiology)  55110 (NMED)  70101 (VDS)  
 70102 (NMDA)  91300 (FDA)  Other:

SUBMITTER CODE: 3 6 9

Submitter Agency Name: NMDA

COLLECTED BY: Cox Dustin  
Name last, First

DATE SAMPLE COLLECTED: 11 / 05 / 2010  
MM DD YYYY

Phone Number: \_\_\_\_\_

TIME SAMPLE COLLECTED: 16 : 30 Military Time

**SAMPLE INFORMATION ~ to be filled out by the Sample Collector**

SAMPLE TYPE:  FOOD  SWAB  OTHER: \_\_\_\_\_

FIELD SAMPLE ID: #1 Returned Product

**FOOD ESTABLISHMENT / SOURCE**

Name: Costco  
Full  
Address: Rennianse

Food Establishment #:    Phone #: \_\_\_\_\_

**Reason for Collection**

- Suspected Foodborne Illness  
 Routine Surveillance  
 Consumer Complaint  
 RMS NARMS  
 Other

**Product Information**

Manufacturer/Brand: Bravo Farms  
Dutch style Gouda  
Code / Lot: Jun 30, 11 / 0168  
Item # 40654

**Temperature Control at Time of Packing**

40 °C / °F (Circle one)

**SLD Use Only**

Temp Control at SLD: NO TC °C Initials: SLH  
 Sample Not Intact  
 Sample Intact

**Mode of Arrival:**

- DMC  
 In Person  
 Other

Comments:

Comments:

**Analysis Requested ( Check the following that applies: )**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Listeria                                | <input type="checkbox"/> S. aureus             | <input type="checkbox"/> C. sakazakii       |
| <input type="checkbox"/> Salmonella                              | <input type="checkbox"/> B. cereus             | <input type="checkbox"/> Gram Stain         |
| <input checked="" type="checkbox"/> E. coli O157:H7              | <input type="checkbox"/> Shigella              | <input type="checkbox"/> pH                 |
| <input type="checkbox"/> E. coli O157:H7 Robust Test (325-grams) | <input type="checkbox"/> Y. enterocolitica     | <input type="checkbox"/> Foreign Matter ID  |
| <input type="checkbox"/> Campylobacter                           | <input type="checkbox"/> C. perfringens        | <input type="checkbox"/> Container Analysis |
| <input type="checkbox"/> Meat Carcass Swab Coliform/E.coli count | <input type="checkbox"/> C. difficile          | <input type="checkbox"/> Coliform Count     |
| <input type="checkbox"/> Standard Plate Count (food)             | <input type="checkbox"/> Yeast / Mold          | <input type="checkbox"/> E. coli Count      |
| <input type="checkbox"/> Aerobic Plate Count (swab)              | <input type="checkbox"/> Gram Negative Culture | <input type="checkbox"/> Vibrio species     |
| <input type="checkbox"/> Beta Hemolytic Strep                    | <input type="checkbox"/> Gram Positive Culture | <input type="checkbox"/> Other: _____       |

NEW MEXICO

FOOD ANALYSIS REQUEST FORM

LAB NO.

DEPARTMENT OF HEALTH

Scientific Laboratory Division
700 Camino de Salud NE - P.O. Box 4700
Albuquerque, N. M. 87196-4700
Phone # (505) 841-2536/2537

FOOD FOOD rea
2010039733

DATE & TIME

OF RECEIPT 11-05-10 P05:08
AT SLD

USER CODE:

- 51000 (Epidemiology) 55110 (NMED) 70101 (VDS)
70102 (NMDA) 91300 (FDA) Other:

SUBMITTER CODE: 3 6 9

Submitter Agency Name: NMDA

COLLECTED BY: Cox Dustin

DATE SAMPLE COLLECTED: 11 05 2010

Phone Number:

TIME SAMPLE COLLECTED: 16:30

SAMPLE INFORMATION ~ to be filled out by the Sample Collector

SAMPLE TYPE: FOOD SWAB OTHER:

FIELD SAMPLE ID: #2 Returned Product

FOOD ESTABLISHMENT / SOURCE

Name: Costco
Full Address: Rennie

Food Establishment #: Phone #:

Reason for Collection

- Suspected Foodborne Illness
Routine Surveillance
Consumer Complaint
RMS NARMS
Other

Product Information

Manufacturer/Brand: Bravo Farms
Dutch Style Gouda
Code / Lot: Jan 30, 11 / 0168
Item # 40654

Temperature Control at Time of Packing

40 °C / °F (Circle one)

Comments:

SLD Use Only

Temp Control at SLD: Note °C Initials: JCH
Sample Not Intact
Sample Intact
Mode of Arrival:
DMC
In Person
Other

Analysis Requested ( Check the following that applies: )

- Listeria S. aureus C. sakazakii
Salmonella B. cereus Gram Stain
E. coli O157:H7 Shigella pH
E. coli O157:H7 Robust Test (325-grams) Y. enterocolitica Foreign Matter ID
Campylobacter C. perfringens Container Analysis
Meat Carcass Swab Coliform/E.coli count C. difficile Coliform Count
Standard Plate Count (food) Yeast / Mold E. coli Count
Aerobic Plate Count (swab) Gram Negative Culture Vibrio species
Beta Hemolytic Strep Gram Positive Culture Other:



NEW MEXICO

FOOD ANALYSIS REQUEST FORM

LAB NO.

DEPARTMENT OF

HEALTH

Scientific Laboratory Division
700 Camino de Salud NE - P.O. Box 4700
Albuquerque, N. M. 87196-4700
Phone # (505) 841-2536/2537

FOOD FOOD
2010039734

DATE & TIME

OF RECEIPT 05-10P05:08 RCVD
AT SLD

USER CODE:

- 51000 (Epidemiology) 55110 (NMED) 70101 (VDS)
70102 (NMDA) 91300 (FDA) Other:

SUBMITTER CODE: 3 6 9

Submitter Agency Name: NMDA

COLLECTED BY: Cox Dustin

DATE SAMPLE COLLECTED: 11 05 2010

Phone Number: TIME SAMPLE COLLECTED: 16 30

SAMPLE INFORMATION - to be filled out by the Sample Collector

SAMPLE TYPE: [X] FOOD [ ] SWAB [ ] OTHER:

FIELD SAMPLE ID: #3

FOOD ESTABLISHMENT / SOURCE

Name: Costco
Full Address: Renniase

Food Establishment #: Phone #:

Reason for Collection

- [X] Suspected Foodborne Illness
[ ] Routine Surveillance
[ ] Consumer Complaint
[ ] RMS NARMS
[ ] Other

Product Information

Manufacturer/Brand: Bravo Farms
Code / Lot: Dutch style Gouda
Aug 23, 11 / 0238
Item # 40854

Temperature Control at Time of Packing

40 °C / °F (Circle one)

SLD Use Only

Temp Control at SLD: No TC °C Initials: JCH
[ ] Sample Not Intact
[X] Sample Intact
Mode of Arrival:
[ ] DMC
[X] In Person
[ ] Other

Comments:

Comments:

Analysis Requested ( Check the following that applies: )

- Listeria S. aureus C. sakazakii
Salmonella B. cereus Gram Stain
[X] E. coli O157:H7 Shigella pH
E. coli O157:H7 Robust Test (325-grams) Y. enterocolitica Foreign Matter ID
Campylobacter C. perfringens Container Analysis
Meat Carcass Swab Coliform/E.coli count C. difficile Coliform Count
Standard Plate Count (food) Yeast / Mold E. coli Count
Aerobic Plate Count (swab) Gram Negative Culture Vibrio species
Beta Hemolytic Strep Gram Positive Culture Other:

NEW MEXICO  
DEPARTMENT OF  
HEALTH

FOOD ANALYSIS REQUEST FORM

LAB NO.

Scientific Laboratory Division  
700 Camino de Salud NE - P.O. Box 4700  
Albuquerque, N. M. 87196-4700  
Phone # (505) 841-2536/2537

FOOD FOOD  
2010039735

DATE & TIME  
OF RECEIPT  
AT SLD 1-05-10 P05:08 RCVD

USER CODE:  
 51000 (Epidemiology)  55110 (NMED)  70101 (VDS)  
 70102 (NMDA)  91300 (FDA)  Other:

SUBMITTER CODE: 369 Submitter Agency Name: NMDA

COLLECTED BY: Cox Dustin DATE SAMPLE COLLECTED: 11 / 05 / 2010  
Name last, First MM DD YYYY

Phone Number: TIME SAMPLE COLLECTED: 16 : 30 Military Time

SAMPLE INFORMATION ~ to be filled out by the Sample Collector

SAMPLE TYPE:  FOOD  SWAB  OTHER:  
FIELD SAMPLE ID: #4

FOOD ESTABLISHMENT / SOURCE

Name: Costco  
Full Address: Renniease

Food Establishment #: Phone #:

Reason for Collection  
 Suspected Foodborne Illness  
 Routine Surveillance  
 Consumer Complaint  
 RMS NARMS  
 Other

Product Information  
Manufacturer/Brand: Bravo Farms  
Dutch Style Gouda  
Code / Lot: Aug 23, 11 / 0238  
Item # 40654

Temperature Control at Time of Packing  
40 °C / °F (Circle one)

SLD Use Only  
Temp Control at SLD: No TC °C Initials: SLH  
 Sample Not Intact  
 Sample Intact  
Mode of Arrival:  
 DMC  
 In Person  
 Other

Comments:

Comments:

Analysis Requested ( Check the following that applies: )

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Listeria                                | <input type="checkbox"/> S. aureus             | <input type="checkbox"/> C. sakazakii       |
| <input type="checkbox"/> Salmonella                              | <input type="checkbox"/> B. cereus             | <input type="checkbox"/> Gram Stain         |
| <input checked="" type="checkbox"/> E. coli O157:H7              | <input type="checkbox"/> Shigella              | <input type="checkbox"/> pH                 |
| <input type="checkbox"/> E. coli O157:H7 Robust Test (325-grams) | <input type="checkbox"/> Y. enterocolitica     | <input type="checkbox"/> Foreign Matter ID  |
| <input type="checkbox"/> Campylobacter                           | <input type="checkbox"/> C. perfringens        | <input type="checkbox"/> Container Analysis |
| <input type="checkbox"/> Meat Carcass Swab Coliform/E.coli count | <input type="checkbox"/> C. difficile          | <input type="checkbox"/> Coliform Count     |
| <input type="checkbox"/> Standard Plate Count (food)             | <input type="checkbox"/> Yeast / Mold          | <input type="checkbox"/> E. coli Count      |
| <input type="checkbox"/> Aerobic Plate Count (swab)              | <input type="checkbox"/> Gram Negative Culture | <input type="checkbox"/> Vibrio species     |
| <input type="checkbox"/> Beta Hemolytic Strep                    | <input type="checkbox"/> Gram Positive Culture | <input type="checkbox"/> Other:             |

For the proper food sample collection and shipping instructions please visit our website <http://www.sld.slate.nm.us/em.asp>

NEW MEXICO

FOOD ANALYSIS REQUEST FORM

LAB NO.

DEPARTMENT OF HEALTH

Scientific Laboratory Division
700 Camino de Salud NE - P.O. Box 4700
Albuquerque, N. M. 87196-4700
Phone # (505) 841-2536/2537

FOOD FOOD
2010039736

DATE & TIME

OF RECEIPT 1-05-10 P05:09 RCVD
AT SLD

USER CODE:

- 51000 (Epidemiology) 55110 (NMED) 70101 (VDS)
70102 (NMDA) 91300 (FDA) Other:

SUBMITTER CODE: 3 6 9

Submitter Agency Name: NMDA

COLLECTED BY: Cox Dustin

DATE SAMPLE COLLECTED: 11 05 2010

Phone Number: TIME SAMPLE COLLECTED: 16 : 30

SAMPLE INFORMATION ~ to be filled out by the Sample Collector

SAMPLE TYPE: [X] FOOD [ ] SWAB [ ] OTHER:

FIELD SAMPLE ID: #5

FOOD ESTABLISHMENT / SOURCE

Name: Costco
Full Address: Rensiance

Food Establishment #: Phone #:

Reason for Collection

- [X] Suspected Foodborne Illness
[ ] Routine Surveillance
[ ] Consumer Complaint
[ ] RMS NARMS
[ ] Other

Product Information

Manufacturer/Brand: Bravo Farms
White Cheddar
Code / Lot: 6/01/11
Item # 546314

Temperature Control at Time of Packing

40 °C / °F (Circle one)

SLD Use Only

Temp Control at SLD: NO TC °C Initials: SLH
[ ] Sample Not Intact
[X] Sample Intact
Mode of Arrival:
[ ] DMC
[X] In Person
[ ] Other

Comments:

Comments:

Analysis Requested ( Check the following that applies: )

- Listeria S. aureus C. sakazakii
Salmonella B. cereus Gram Stain
[X] E. coli O157:H7 Shigella pH
E. coli O157:H7 Robust Test (325-grams) Y. enterocolitica Foreign Matter ID
Campylobacter C. perfringens Container Analysis
Meat Carcass Swab Coliform/E.coli count C. difficile Coliform Count
Standard Plate Count (food) Yeast / Mold E. coli Count
Aerobic Plate Count (swab) Gram Negative Culture Vibrio species
Beta Hemolytic Strep Gram Positive Culture Other:

NEW MEXICO

FOOD ANALYSIS REQUEST FORM

LAB NO.

DEPARTMENT OF

HEALTH

Scientific Laboratory Division
700 Camino de Salud NE - P.O. Box 4700
Albuquerque, N. M. 87196-4700
Phone # (505) 841-2536/2537

FOOD FOOD
PI: 2010039737

DATE & TIME OF RECEIPT AT SLD 11-05-10 P05:09 RCVD

USER CODE:
[ ] 51000 (Epidemiology) [ ] 55110 ( NMED ) [ ] 70101 ( VDS )
[ X ] 70102 ( NMDA ) [ ] 91300 ( FDA ) [ ] Other: [ ] [ ] [ ] [ ] [ ]

SUBMITTER CODE: 3 6 9 Submitter Agency Name: NMDA

COLLECTED BY: Cox Dustin DATE SAMPLE COLLECTED: 11 05 2010
Name last First MM DD YYYY

Phone Number: TIME SAMPLE COLLECTED: 16 : 30 Military Time

SAMPLE INFORMATION ~ to be filled out by the Sample Collector

SAMPLE TYPE: [ X ] FOOD [ ] SWAB [ ] OTHER:

FIELD SAMPLE ID: # 6

FOOD ESTABLISHMENT / SOURCE

Name: Costco
Full Address: Rennie

Food Establishment #: Phone #:

Reason for Collection

- [ X ] Suspected Foodborne Illness
[ ] Routine Surveillance
[ ] Consumer Complaint
[ ] RMS NARMS
[ ] Other

Product Information

Manufacturer/Brand: Bravo Farms
Pepper Jack
Code / Lot: 06/01/11
Item # 546314

Temperature Control at Time of Packing

40 °C / °F (Circle one)

SLD Use Only

Temp Control at SLD: NO TC °C Initials: SLH
[ ] Sample Not Intact
[ X ] Sample Intact
Mode of Arrival:
[ ] DMC
[ X ] In Person
[ ] Other

Comments:

Comments:

Analysis Requested ( Check the following that applies: )

- [ ] Listeria [ ] S. aureus [ ] C. sakazakii
[ ] Salmonella [ ] B. cereus [ ] Gram Stain
[ X ] E. coli O157:H7 [ ] Shigella [ ] pH
[ ] E. coli O157:H7 Robust Test (325-grams) [ ] Y. enterocolitica [ ] Foreign Matter ID
[ ] Campylobacter [ ] C. perfringens [ ] Container Analysis
[ ] Meat Carcass Swab Coliform/E.coli count [ ] C. difficile [ ] Coliform Count
[ ] Standard Plate Count (food) [ ] Yeast / Mold [ ] E. coli Count
[ ] Aerobic Plate Count (swab) [ ] Gram Negative Culture [ ] Vibrio species
[ ] Beta Hemolytic Strep [ ] Gram Positive Culture [ ] Other:

NEW MEXICO

FOOD ANALYSIS REQUEST FORM

LAB NO.

DEPARTMENT OF HEALTH

Scientific Laboratory Division
700 Camino de Salud NE - P.O. Box 4700
Albuquerque, N. M. 87196-4700
Phone # (505) 841-2536/2537

FOOD FOOD
2010039738

DATE & TIME

OF RECEIPT
AT SLD 11-05-10 P05:09 RCVD

USER CODE:

- 51000 (Epidemiology) 55110 (NMED) 70101 (VDS)
70102 (NMDA) 91300 (FDA) Other:

SUBMITTER CODE: 3 6 9

Submitter Agency Name: NMMA

COLLECTED BY: Cox Dustin

DATE SAMPLE COLLECTED: 11 / 05 / 2010

Phone Number:

TIME SAMPLE COLLECTED: 16 : 30

SAMPLE INFORMATION ~ to be filled out by the Sample Collector

SAMPLE TYPE: FOOD SWAB OTHER:

FIELD SAMPLE ID: #7

FOOD ESTABLISHMENT / SOURCE

Name: Costco
Full Address: Rensselaire

Food Establishment #: Phone #:

Reason for Collection

- Suspected Foodborne Illness
Rountine Surveillance
Consumer Complaint
RMS NARMS
Other

Product Information

Manufacturer/Brand: Bravo Farms
Chipotle Cheddar
Code / Lot: 06/01/11
Item # 546314

Temperature Control at Time of Packing

40 °C / °F (Circle one)

SLD Use Only

Temp Control at SLD: No TC °C Initials: SLH
Sample Not Intact
Sample Intact

Comments:

Comments:

Mode of Arrival:
DMC
In Person
Other

Analysis Requested ( Check the following that applies: )

- Listeria S. aureus C. sakazakii
Salmonella B. cereus Gram Stain
E. coli O157:H7 Shigella pH
E. coli O157:H7 Robust Test (325-grams) Y. enterocolitica Foreign Matter ID
Campylobacter C. perfringens Container Analysis
Meat Carcass Swab Coliform/E.coli count C. difficile Coliform Count
Standard Plate Count (food) Yeast / Mold E. coli Count
Aerobic Plate Count (swab) Gram Negative Culture Vibrio species
Beta Hemolytic Strep Gram Positive Culture Other:

**\*Use Chain of Custody FOR ALL SAMPLES:**

				Present & Intact	Not Present	Present & Damaged
The sample identified on the container and this form was collected then transferred with an evidentiary seal:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BY: Print Name Dustin Cox	Signature <i>Dustin Cox</i>	Date 11-5-10	Time 17:05			
The sample identified on the container and this form was transferred with an evidentiary seal:				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TO: Print Name Jennifer Hollander	Signature <i>Jennifer Hollander</i>	Date 11/5/10	Time 17:05			
The sample identified on the container and this form was transferred with an evidentiary seal:				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TO: Print Name	Signature	Date	Time			
The sample identified on the container and this form was transferred with an evidentiary seal:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TO: Print Name	Signature	Date	Time			

SLD DCS Form 106, 19Feb2010

11-05-10P05:09 RCVD

**Torres, Paul, DOH**

---

**From:** Cox, Dustin [DCox@nmda.nmsu.edu]  
**Sent:** Tuesday, December 07, 2010 2:43 PM  
**To:** Torres, Paul, DOH  
**Cc:** Solorzano, Luis A  
**Subject:** RE: Cheese Collection Question - Which Costco

The Costco location that the samples came from was 1420 Renaissance Boulevard NE Albuquerque, NM 87107-6811.

Let me know if you need anything further.

Dustin Cox  
Dairy Inspector  
New Mexico Dept. of Agriculture  
2604 Aztec NE  
Albuquerque, NM 87107  
(505) 841-9425 Work  
(505) 220-8251 Cell  
[dcox@nmda.nmsu.edu](mailto:dcox@nmda.nmsu.edu)

---

**From:** Torres, Paul, DOH [mailto:Paul.torres@state.nm.us]  
**Sent:** Tuesday, December 07, 2010 2:38 PM  
**To:** Cox, Dustin  
**Cc:** Solorzano, Luis A  
**Subject:** FW: Cheese Collection Question - Which Costco

Hello Dustin, can you help verify the address of the Costco that you collected those Bravo cheese samples from? See Mr. Solorzano's email below.

Thanks,

pt

Paul Torres, M.S.  
Supervisor, Environmental Microbiology  
New Mexico Department of Health  
Scientific Laboratory Division  
1101 Camino de Salud NE, P.O. 4700  
Albuquerque, NM 87102-4700  
(505)383-9129

---

**From:** Solorzano, Luis A [mailto:Luis.Solorzano@fda.hhs.gov]  
**Sent:** Tuesday, December 07, 2010 2:28 PM  
**To:** Torres, Paul, DOH  
**Subject:** Cheese Collection Question - Which Costco

Paul

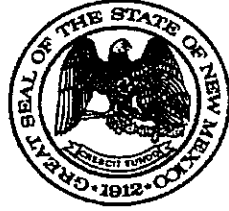
I just need to confirm the address of the Costco in Albuquerque that Mr.. Cox collected the Bravo Cheese.

There are three in Albuquerque, and need email confirmation as to which one he collected the samples:

**NEW MEXICO  
DEPARTMENT OF  
HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 77627

Submitter: NMDA - Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102

Food Establishment: COSTCO  
RENNIANSE

Sample #: 2010039732 Date Collected: 11/5/2010 16:30  
Source: Food Date Received: 11/5/2010 17:09  
Sample Condition: Sample Intact Date Reported: 11/15/2010  
Field Sample ID: # RETURNED PRODUCT Testing Reason: Suspected Foodborne Illness  
Sample Note: Bravo Farms Dutch Style Gouda code date 06/30/2011 / 0168

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Isolated.	11/15/2010	PET
Total Coliform-MPN	2400 MPN/g	11/15/2010	PET
Fecal Coliform-MPN	93 MPN/g	11/15/2010	PET

**Preliminary**



**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
 1101 Camino de Salud, N.E.  
 Albuquerque, NM 87102  
 (505) 383-9000

CAP: 6694801  
 NPI: 1548488414



LIMS Report #: 77454

Submitter: NMDA - Dairy Division  
 2604 Aztec NE  
 Albuquerque, NM 87107

Submitter Code: 369  
 Collector: DUSTIN COX  
 User Code: 70102  
 Food Establishment: COSTCO  
 RENNIANSE

Sample #: 2010039733 Date Collected: 11/5/2010 16:30  
 Source: Food Date Received: 11/5/2010 17:09  
 Sample Condition: Sample Intact Date Reported: 11/15/2010  
 Field Sample ID: #2-RETURNED PRODUCT Testing Reason: Suspected Foodborne illness  
 Sample Note: Bravo Farms Dutch Style Gouda CODE date 06/30/2011 / 10168

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
Total Coliform-MPN	240 MPN/g	11/13/2010	PET
Fecal Coliform-MPN	43 MPN/g	11/13/2010	PET

**Final**

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
 1101 Camino de Salud, N.E.  
 Albuquerque, NM 87102  
 (505) 383-9000

CAP: 6694801  
 NPI: 1548488414



LIMS Report #: 77455

Submitter: NMDA - Dairy Division  
 2604 Aztec NE  
 Albuquerque, NM 87107

Submitter Code: 369  
 Collector: DUSTIN COX  
 User Code: 70102

Food Establishment: COSTCO  
 RENNIANSE

Sample #: 2010089734 Date Collected: 11/15/2010 16:30  
 Source: Food Date Received: 11/15/2010 17:09  
 Sample Condition: Sample Intact Date Reported: 11/15/2010  
 Field Sample ID: #8 Testing Reason: Suspected Foodborne Illness  
 Sample Note: Bravo Farms Dutch Style Gouda Code Date 08/23/2011 / 0238 Item # 40654

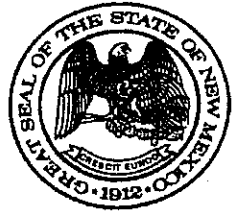
Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET
Total Coliform-MPN	11000 MPN/g	11/13/2010	PET
Fecal Coliform-MPN	11000 MPN/g	11/13/2010	PET

**Final**

**NEW MEXICO  
DEPARTMENT OF  
HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 77456

Submitter: NMDA - Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102

Food Establishment: COSTCO  
RENNIANSE

Sample: 2010039735 Date Collected: 11/5/2010 16:30  
Source: Food Date Received: 11/5/2010 17:09  
Sample Condition: Sample Intact Date Reported: 11/15/2010  
Field Sample ID: #4 Testing Reason: Suspected Foodborne Illness  
Sample Note: Bravo Farms Dutch Style Gouda Code Date 08/23/2011 / 0238 Item # 40654

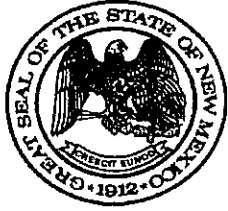
Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/13/2010	PET
	Not Isolated	11/13/2010	PET

**Final**

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
 1101 Camino de Salud, N.E.  
 Albuquerque, NM 87102  
 (505) 383-9000

CAP: 6694801  
 NPI: 1548488414



LIMS Report #: 78529

Submitter: NMDA - Dairy Division  
 2604 Aztec NE  
 Albuquerque, NM 87107

Submitter Code: 369  
 Collector: DUSTIN COX  
 User Code: 70102

Food Establishment: COSTCO  
 RENNIANSE

Sample #	2010039736	Date Collected	11/5/2010 16:30
Source	Food	Date Received	11/5/2010 17:09
Sample Condition	Sample Intact	Date Reported	11/19/2010
Field Sample ID	#5	Testing Reason	Suspected Foodborne Illness
Sample Note	Bravo Farms White Cheddar, item number 546314, Code/Lot 05/01/11		

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/18/2010	PET
Total Coliform-MPN	11000 MPN/g	11/18/2010	PET
Fecal Coliform-MPN	11000 MPN/g	11/18/2010	PET
Coliform Counts	>150 ECC CFU/g	11/18/2010	PET

**Final**

**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

Scientific Laboratory Division  
 1101 Camino de Salud, N.E.  
 Albuquerque, NM 87102  
 (505) 383-9000

CAP: 6694801  
 NPI: 1548488414



LIMS Report #: 78530

Submitter: NMDA - Dairy Division  
 2604 Aztec NE  
 Albuquerque, NM 87107

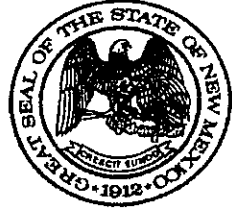
Submitter Code: 369  
 Collector: DUSTIN COX  
 User Code: 70102

Food Establishment: COSTCO  
 RENNIANSE

Sample #: 20110039737 Date Collected: 11/15/2010 16:30  
 Source: Food Date Received: 11/15/2010 17:09  
 Sample Condition: Sample Intact Date Reported: 11/19/2010  
 Field Sample ID: #6 Testing Reason: Suspected Foodborne Illness  
 Sample Note: Bravo Farms Pepper Jack Item number 546314 Code/Lot 06/01/11

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/18/2010	PET
Total Coliform-MPN	2400 MPN/g	11/18/2010	PET
Fecal Coliform-MPN	2400 MPN/g	11/18/2010	PET
Coliform Counts	>150 ECC CFU/g	11/18/2010	PET

**Final**



LIMS Report #:

# Internal Use Only

Submitter: NMDA Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102  
Food Establishment: COSTCO  
RENNIANSE

Sample #	2010039738	Date Collected	11/5/2010 16:50
Source	Food	Date Received	11/5/2010 17:09
Sample Condition	Sample Intact	Date Reported	
Field Sample ID	#7	Testing Reason	Suspected Foodborne Illness
Sample Note	Bravo Farms Chipotle Cheddar, item number 546314, Code/Lot 06/01/11		

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Not Isolated	11/19/2010	PET
Total Coliform-MPN	1500 MPN/g	11/19/2010	PET
Fecal Coliform-MPN	1500 MPN/g	11/19/2010	PET
Coliform Counts	>150 ECC CFU/g	11/19/2010	PET

**NEW MEXICO  
DEPARTMENT OF  
HEALTH**

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

CAP: 6694801  
NPI: 1548488414



LIMS Report #: 77997

Submitter: NMDA - Dairy Division  
2604 Aztec NE  
Albuquerque, NM 87107

Submitter Code: 369  
Collector: DUSTIN COX  
User Code: 70102

Food Establishment: COSTCO  
RENNIANSE

Sample #	2010039732	Date Collected	11/5/2010 16:30
Source	Food	Date Received	11/5/2010 17:09
Sample Condition	Sample Intact	Date Reported	11/17/2010
Field Sample ID	#1 RETURNED PRODUCT	Testing Reason	Suspected Foodborne Illness
Sample Note	Bravo Farms Dutch Style Gouda, code date 06/30/2011 / 0168		

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	Organism Isolated	11/16/2010	PET
Escherichia coli Serotype	Escherichia coli O157:H7	11/16/2010	PET
Total Coliform-MPN	2400 MPN/g	11/15/2010	PET
Fecal Coliform-MPN	93 MPN/g	11/15/2010	PET

**Corrected**



LIMS Report #:

# Internal Use Only

Submitter: NMDA Dairy Division  
 2604 Aztec NE  
 Albuquerque, NM 87107

Submitter Code: 369  
 Collector: DUSTIN COX  
 User Code: 70102  
 Food Establishment: COSTCO  
 RENNIANSE

Sample #:	2010089732	Date Collected:	11/5/2010 16:30
Source:	Food	Date Received:	11/5/2010 17:09
Sample Condition:	Sample Intact	Date Reported:	
Field Sample ID:	#1 RETURNED PRODUCT	Testing Reason:	Suspected Foodborne Illness
Sample Note:	Bravo Farms Dutch Style Gouda; sell by date 06/30/2011 // 0168		

Test	Result	Date Approved	Technician
Escherichia coli O157:H7	E. coli O157 isolated, H7 test still pending.		PET
Total Coliform-MPN	2400 MPN/g		PET
Fecal Coliform-MPN	93 MPN/g		PET



State	State Lab ID	CEDRS #	E. coli O157:H7 (Y/N)	Case status (Confirmed or Probable)	Is Case the First in Household? (Y/N)	Age	Sex	Hospitalized Related to Illness (Y/N)	Currently Hospitalized (Y/N)	Number of Days Hospitalized	HUS (Y/N)	Survived (Y/N)
NM	2010037814		Y	Confirmed	Y	41	M	N	N	0	N	Y
NM	2010037817		Y	Confirmed	Y	7	F	N	N	0	N	Y
NM	2010037818		Y	Confirmed	Y	4	M	N	N	0	N	Y

Report Date	Illness Onset Date	Specimen Collect Date	County	PFGE Pattern Name (Xba1)	PFGE Pattern Name (Bln1)	Costco(s) Visited in October? (Y/N)	Costco Store Location(s) Visited (match to dates if >1 store)	Costco Visit Date(s)	Any Product Samples Consumed in Store? (Y/N)
10/28/2010	10/19/2010	10/21/2010	Bernalillo	EXHX01.2292	EXHA26.0621	Y	Renaissance Blvd	10/15; 10/16	Y
10/26/2010	10/18/2010	10/20/2010	Bernalillo	EXHX01.2292	EXHA26.0621	Y	Renaissance Blvd	10/15/2010	Y
10/26/2010	10/19/2010	10/23/2010	Valencia	EXHX01.2292	EXHA26.0621	Y	Renaissance Blvd	10/16/2010	Y

Food Products Other Than Cheese Sampled? (Y/N)	List Types of Food Products Other Than Cheese Sampled	Cheese Products Sampled? (Y/N)	Parmigiano Reggiano Cheese Sampled (Y/N)	Parmigiano Reggiano Cheese Sampling Date	Cranberry Goat Cheese Sampled (Y/N)	Cranberry Goat Cheese Sampling Date	Cranberry Wensleydale Cheese Sampled (Y/N)	Cranberry Wensleydale Cheese Sampling Date	Le Plaisir w/ Herbs Cheese Sampled (Y/N)	Le Plaisir w/ Herbs Cheese Sampling Date
Y	hot dog, coke	Y	Y	10/15 or 10/16	N	NA	N	NA	N	NA
Y	pepperoni pizza	Y	Y	10/16/2010	N	NA	Y	10/16/2010	N	NA
N	NA	Y	N	NA	N	NA	N	NA	N	NA

Gorgonzola Cheese Sampled (Y/N)	Gorgonzola Cheese Sampling Date	Gouda Cheese Sampled (Y/N)	Gouda Cheese Sampling Date	Scamorza Cheese Sampled (Y/N)	Scamorza Cheese Sampling Date	Tillamook 3yr Extra Sharp Cheddar Cheese Sampled (Y/N)	Tillamook 3yr Extra Sharp Cheddar Cheese Sampling Date	Purchased Any Cheese? List Date/Type
	NA	Y	10/15 or 10/16	Y	10/15 or 10/16	N	NA	None
	NA	N	NA	N	NA	N	NA	Yes, 10/16/2010, Parmigiano Reggiano, Scamorza, Cranberry Wensleydale
	NA	Y	10/16/2010	N	NA	N	NA	None

Purchased Cheese, Any Product Remaining in Household? (Specify Type if >1 Purchased)	Costco Member Number	Request for Food Purchase History Sent to Costco (Y/N)?	Food Purchase History Received from Costco (Y/N)?
A	832548138000	Y	N
s, Parmigiano Reggiano, Amorza, Cran Wensleydale	111767733722	Y	Y
	111684851540	N	



New Mexico SLD Environmental Microbiology Food Analysis Test Form

Effective Date 01/16/09

Date: 11-8-10  
 Type of Sample: Cheese  
 Examination Requested: E.coli 0157:H7  
 FOOD FOOD  
 2010039822

Medium	Selenite	Lactose	Gram	SMAC	XLT	R10	Gram	Helixen	NEB	LSA	FB W/	Blood	Path	Bo
Dilution		MBRW	0157	W/CT	XLT	RVS	Salmonella	BGS	mLVM broth	MOX Agar	PC	Agar	Antibiotic	Bo
			Agar		RLM		Agar	TS/LTA	Mbpw 1x/2x	T1/T2	Cholera	Socisoldin	Antibiotic	Bo
10 <sup>0</sup> Work														
Reaction														
10 <sup>-1</sup> Work														
Reaction														
10 <sup>-2</sup> Work														
Reaction														
10 <sup>-3</sup> Work														
Reaction														
Media Lot		11-8-10	11-8-10	11-8-10	2-10			11/8/10 11/9/10	11-2-10	10-8-10	A. 10-8-10	11-30-10	A. 7-23-10	11-7-10

**Code**  
 N = no growth  
 - = no NLF's  
 0 = Alk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes**  
 11/9 Added 225mL mBPW to 25g of sample stomached for 2min. Incubated @ 37°C for 5hrs. Added antibiotics & incubated @ 42°C.  
 11/10 Streak isolate → SMAC → CROM  
 1mL ↓  
 10<sup>-2</sup>, 10<sup>-3</sup>, 10<sup>-4</sup> → 11/10-5 → SMAC → CROM  
 11/11 CROM 0157  
 -1 SF only Blue only  
 -2 SF only constant blue  
 -3 SF only  
 -4  
 -5 → N.G.  
 11/12 C<sup>s</sup> 1-4 all (4) 6x4 → All 0157

**Notes**  
 Pathatrix  
 11/10 Ran Pathatrix 35°C  
 Direct Plate 2 only CROM  
 50mL 2 only SMAC  
 99mL MgCl 2 only CROM  
 2 only SMAC  
 11/11 CROM  
 DPA SF only ~20% blue  
 DPA SF only constant blue  
 sub A 2 SF's blue only  
 11/12 no 0157 cfus observed

**Notes**  
 11/9 Added 225mL LEB to 25g of sample stomached for 2min. Incubated @ 30°C for 4hrs. Added antibiotics & incubated @ 30°C.  
 11/10 Streak isolate → BE MOX 37°C  
 0.1mL → FB/FET  
 Ran Pathatrix  
 DPA 2 only MOX  
 2 only R L M O N O  
 99mL MgCl 2 only MOX  
 2 only Rapid L  
 11/11 FB black → RLM + MOX - 35°C. PATHA plates  
 48 hrs sub → FB + MOX - 55°C  
 11/12 24hr LEB sub MAX plate No growth  
 Patha plates & FB - No growth  
 FB, sub plates max + RLM - No growth  
 48hr FB sub - thick - sub to max + RLM - 35°C  
 11/13 RLM + MOX plates No growth  
 11/14 RLM from 48hr FB sub plates starts to grow (see back)

QC MBPW qMac CROM TS/LTA  
 Sensitivity No growth → N.G.  
 E.coli same growth N.O. blue  
 E.coli 0157 + growth NSF/ negative 0/6  
 Sensitivity No growth → N.G.  
 LSP + t, blk + blk + cream  
 L.M. blue  
 Final Report

E.coli 0157:H7 Not Isolated  
 Listeria innocua Isolated

D.L

New Mexico SLD Environmental Microbiology Food Analysis Test Form

Effective Date 01/16/09

Date: 11-17-10  
 Type of Sample: 8 cheese  
 Examination Requested: E.coli O157

FOOD FOOD  
 2010041357

Medium Dilution	Selenia	Lactose BPW	Crom 0157 Agar	SMAC	XLD/XLT4	RV/RVS	Crom Salmonella Agar	Hektoen/BGS	LB/MB/MBroth	LSA/MOX/TT/Agar	BW/BGLB	Blood Agar/consolidin	Pathfilm/vancomycin	PO4/EHEC
10 <sup>0</sup> Work														
Reaction														
10 <sup>-1</sup> Work														
Reaction														
10 <sup>-2</sup> Work														
Reaction														
10 <sup>-3</sup> Work														
Reaction														
Media Lot#			11-8-10	11-8-10					11-8-10		11/8/10	9-30-10	7-23-10	11-9-10

**Code**  
 N = no growth  
 - = no NLF's  
 0 = Alk.  
 1 = pos or A  
 2 = K/A  
 3 = K/A, H<sub>2</sub>S  
 4 = A/A  
 5 = A/A, H<sub>2</sub>S  
 6 = K/K  
 7 = K/K, H<sub>2</sub>S  
 8 = R/  
 # = gas

**Notes**  
 (11/18) Added 450mL to 50g of sample. Stomached for 2min. Incubated @ 37°C for 4 hrs. Added antibiotics + incubated @ 42°C.  
 (11/19) Streak isolate 10<sup>-1</sup> → SMAC → CROM  
 10<sup>-2</sup> → 10<sup>-3</sup> → 10<sup>-4</sup> → 10<sup>-5</sup> SMAC → CROM  
 (11/20) CROM Blue + violet cfi's  
 SMAC Fermenters + non-Fermenters Pxy 35°C  
 (11/21) All picks @/6x4 → O157 -  
 10<sup>1</sup> SMAC - PXY NSF  
 10<sup>3</sup> SMAC - PXY NSF  
 10<sup>5</sup> CHROM PXY mag-like  
 (11/22) n<sup>1</sup> = 4/6x  
 SMAC<sup>3</sup> = 4/6x  
 Chrom<sup>5</sup> = 4/6x

**Notes**  
 mBPW  
 EIA of broth (1:10 ~ original setup) was Neg. (U.S. anal is spec for)

**Notes** Pathatrix  
 (11/19) Ran Pathatrix 37°C  
 DP zone → CROM  
 SWA ↓ → SMAC  
 99mL PO<sub>4</sub>  
 SWA ↓ → CROM  
 ↓ → SMAC  
 (11/20) CROM Blue purple magenta cfi's Pxy 35°C  
 SMAC Fermenters + non. PXY  
 (11/21) All picks @/6, but all O157 -  
 PXY - CHROM LA  
 (11/22) CROM picks → @/6x2 ~ O157 -

QC BPW SMAC CROM BGLB  
 Sensitivity - or inhibited Blue No growth  
 10<sup>8</sup> E.coli: true inhibited Blue (4) / 6  
 10<sup>5</sup> E.coli: O157 HGR non Fermenters magenta (4) / 6

Final Report E. coli: O157: H7 Not Isolated  
 By: REP Date: 11/22/10



**NEW MEXICO**  
**DEPARTMENT OF**  
**HEALTH**

**FOOD ANALYSIS REQUEST FORM**

Scientific Laboratory Division  
 1101 Camino de Salud NE  
 Albuquerque, N. M. 87102  
 Phone # (505) 383-9129

FOOD FOOD  
 LAB NO:  
 2010041357

DATE & TIME  
 OF RECEIPT  
 AT SLD  
 Received 11-17-10 @ 12:33pm KASE

USER CODE:  
 51000 (Epidemiology)     55110 (NMED)     70101 (VDS)  
 70102 (NMDA)     91300 (FDA)     Other: [ ][ ][ ][ ][ ]

SUBMITTER CODE: 103 Submitter Agency Name:

COLLECTED BY: [Redacted] DATE SAMPLE COLLECTED: 11 / 17 / 10  
Name last, First MM DD YYYY

Phone Number: [Redacted] TIME SAMPLE COLLECTED: N/A  
Military Time

**SAMPLE INFORMATION - to be filled out by the Sample Collector**

SAMPLE TYPE:  FOOD     SWAB     OTHER:  
 FIELD SAMPLE ID: \_\_\_\_\_

**FOOD ESTABLISHMENT / SOURCE**

Name: Costco  
 Full Address: 9955 Coors Bypass NW  
Albuquerque, NM 87114  
 Food Establishment #: [ ][ ][ ] Phone #: \_\_\_\_\_

Reason for Collection  
 Suspected Foodborne Illness  
 Routine Surveillance  
 Consumer Complaint  
 RMS NARMS  
 Other

Product Information  
 Manufacturer/Brand: Braun Gouda Cheese  
 Code / Lot: Costco Item #0657  
Lot # 0161

Temperature Control at Time of Packing  
 \_\_\_\_\_ °C / °F (Circle one)  
 Comments: \_\_\_\_\_

SLD Use Only  
 Temp Control at SLD: n/a °C Initials: KASE  
 Sample Not Intact  
 Sample Intact  
 Mode of Arrival:  
 DMC  
 In Person  
 Other  
 Comments: \_\_\_\_\_

**Analysis Requested ( Check the following that applies: )**

<input type="checkbox"/> Listeria	<input type="checkbox"/> S. aureus	<input type="checkbox"/> C. sakazakii
<input type="checkbox"/> Salmonella	<input type="checkbox"/> B. cereus	<input type="checkbox"/> Gram Stain
<input checked="" type="checkbox"/> E. coli O157:H7	<input type="checkbox"/> Shigella	<input type="checkbox"/> pH
<input type="checkbox"/> E. coli O157:H7 Robust Test (325-grams)	<input type="checkbox"/> Y. enterocolitica	<input type="checkbox"/> Foreign Matter ID
<input type="checkbox"/> Campylobacter	<input type="checkbox"/> C. perfringens	<input type="checkbox"/> Container Analysis
<input type="checkbox"/> Meat Carcass Swab Coliform/E.coli count	<input type="checkbox"/> C. difficile	<input type="checkbox"/> Coliform Count
<input type="checkbox"/> Standard Plate Count (food)	<input type="checkbox"/> Yeast / Mold	<input type="checkbox"/> E. coli Count
<input type="checkbox"/> Aerobic Plate Count (swab)	<input type="checkbox"/> Gram Negative Culture	<input type="checkbox"/> Vibrio species
<input type="checkbox"/> Beta Hemolytic Strep	<input type="checkbox"/> Gram Positive Culture	<input type="checkbox"/> Other: _____

*KASE*

**\*Use Chain of Custody FOR ALL SAMPLES:**

				Present & Intact	Not Present	Present & Damaged
BY: Print Name [Redacted]						
Signature [Redacted]						
The sample identified on the container and this form was collected then transferred with an evidentiary seal:						
IQ: Print Name [Redacted]						
Signature [Redacted]						
The sample identified on the container and this form was transferred with an evidentiary seal:						
IQ: Print Name K Nicole Espinoza						
Signature K. Nicole Espinoza						
Date 11-17-10						
Time 12:33 PM						
The sample identified on the container and this form was transferred with an evidentiary seal:						
IQ: Print Name						
Signature						
Date						
Time						
The sample identified on the container and this form was transferred with an evidentiary seal:						
IQ: Print Name						
Signature						
Date						
Time						

SLD DCS Form 106, v 10/2010

Count (grams)

Yeast	
C. difficile	
Yeast / Mold	
Gram Negative Culture	
Gram Positive Culture	

For the proper food sample collection and our website <http://www.sld.state.nj.us/enr.asp>

NEW MEXICO

FOOD ANALYSIS REQUEST FORM

LAB NO.

DEPARTMENT OF

Scientific Laboratory Division
1101 Camino de Salud NE
Albuquerque, N. M. 87102
Phone # (505) 383-9129

FOOD FOOD
Barcode
2010039822

HEALTH

DATE & TIME OF RECEIPT AT SLD
11-09-10 A01:57 IN

USER CODE:
[X] 51000 (Epidemiology) [ ] 55110 (NMED) [ ] 70101 (VDS)
[ ] 70102 (NMDA) [ ] 91300 (FDA) [ ] Other:

SUBMITTER CODE: [ ] [ ] [ ] Submitter Agency Name: SF-Epidemiology

COLLECTED BY: Name last First DATE SAMPLE COLLECTED: MM DD YYYY
Phone Number: TIME SAMPLE COLLECTED: Military Time

SAMPLE INFORMATION ~ to be filled out by the Sample Collector

SAMPLE TYPE: [X] FOOD [ ] SWAB [ ] OTHER:
FIELD SAMPLE ID:

FOOD ESTABLISHMENT / SOURCE

Name: pt # 0010024170 (MRN)
Full Address: Albuquerque NM
Food Establishment #: [ ] [ ] [ ] Phone #:

Reason for Collection
[X] Suspected Foodborne Illness
[ ] Routine Surveillance
[ ] Consumer Complaint
[ ] RMS NARMS
[ ] Other

Product Information
Manufacturer/Brand:
Code / Lot:

Temperature Control at Time of Packing
°C / °F (Circle one)
Comments:

SLD Use Only
Temp Control at SLD: n/a °C Initials: KSE
[ ] Sample Not Intact
[ ] Sample Intact
Mode of Arrival:
[ ] DMC
[X] In Person
[ ] Other
Comments: patient ate food partial sample.

Analysis Requested ( Check the following that applies: )
Listeria, Salmonella, E. coli O157:H7, Campylobacter, Meat Carcass Swab Coliform/E.coli count, Standard Plate Count (food), Aerobic Plate Count (swab), Beta Hemolytic Strep, S. aureus, B. cereus, Shigella, Y. enterocolitica, C. perfringens, C. difficile, Yeast / Mold, Gram Negative Culture, Gram Positive Culture, C. sakazakii, Gram Stain, pH, Foreign Matter ID, Container Analysis, Coliform Count, E. coli Count, Vibrio species, Other:

**\*Use Chain of Custody FOR ALL SAMPLES:**

				Present & Intact	Not Present	Present & Damaged
The sample identified on the container and this form was collected then transferred with an evidentiary seal:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BY: Print Name <i>Marguerite Adams-Larson</i>	Signature <i>Margaret Adams-Larson</i>	Date <i>11/2/10</i>	Time			
The sample identified on the container and this form was transferred with an evidentiary seal:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TO: Print Name	Signature	Date	Time <i>1:35 pm</i>			
The sample identified on the container and this form was transferred with an evidentiary seal:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BY: Print Name <i>K. Nicole Espinoza</i>	Signature <i>K. Nicole Espinoza</i>	Date <i>11-8-10</i>	Time <i>1:54</i>			
TO: Print Name	Signature	Date	Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SLD DCS Form 106, v 10/2010

*383-9144 food*

Product Description	Lot Number	Part of Cheese Road Show	State lab ID number	State performin	Obtained from	Purchase date	Purchase Store
Gouda	Item # 40654; sell by 06-30-11 / 0168	Yes	2010039732	NM	Direct from Store	11/5/2010	Renaissance
Gouda	Item # 40654; sell by 06-30-11 / 0168	Yes	2010039733	NM	Direct from Store	11/5/2010	Renaissance
Gouda	Item # 40654; sell by 08-23-11 / 0238	No	2010039734	NM	Direct from Store	11/5/2010	Renaissance
Gouda	Item # 40654; sell by 08-23-11 / 0238	No	2010039735	NM	Direct from Store	11/5/2010	Renaissance
White Cheddar	Item #546314; sell by 06-01-11	No	2010039736	NM	Direct from Store	11/5/2010	Renaissance
Pepper Jack	Item #546314; sell by 06-01-11	No	2010039737	NM	Direct from Store	11/5/2010	Renaissance
Chipotle	Item #546314; sell by 06-01-11	No	2010039738	NM	Direct from Store	11/5/2010	Renaissance

