

5. SEAFOOD INVESTIGATION (Please complete one copy of this page for each type of seafood ingested and investigated, and identify investigation page number below. Completion of this page is optional for probable cases.)

Seafood Investigation page ____ of ____

Product information

1. Type of seafood being investigated: _____ 2. Date consumed: _____
3. Amount consumed (e.g., 6 oysters, 1 filet, 5oz, etc.): _____
4. How prepared: Fully cooked Undercooked Raw Unknown
5. Additional relevant information on product preparation (e.g., specific variety of seafood consumed and plating): _____

6. Was this fish or shellfish harvested by the patient or a friend of the patient? Yes No Unknown

(If yes, skip to source information questions. If no, complete entire page as possible.)

Commercial vendor Information (only complete if product consumed at a commercial establishment)

1. Name of restaurant, oyster bar, or food store: _____
Address: _____ Tel: _____
City/State: _____
2. Type of establishment: Oyster bar or restaurant Seafood market Unknown
 Truck or roadside vendor Other (specify): _____
 Food store
3. Date restaurant or food outlet received seafood (MM/DD/YY): _____
4. Was the seafood imported from another country? Yes No Unknown
If yes, name of country: _____
5. Was a restaurant or outlet environmental assessment conducted? Yes No Unknown
6. Was there evidence of improper handling or storage? Yes No Unknown
If yes (check all that apply): Holding temperature violation Cross-contamination Co-mingling of live and dead shellfish
 Improper storage Other: _____
7. If oysters, clams, or mussels were eaten, how were they received by the retail outlet?
 Live shellstock Processed animal with shell attached Shucked meat Unknown Other (specify): _____

Source information

1. Were seafood tags, invoices, or labels available? Yes No Unknown (If yes, please attach to form)
2. List shippers and associated certification numbers if on tags:

3. If harvest areas are known: Harvest area classification (if known):

Area 1:	Date :	Approved Conditionally approved Restricted Prohibited	Product harvested:	Harvest State:
_____	_____ (MM/DD/YY)	_____	_____	_____
Area 2:	Date :	Approved Conditionally approved Restricted Prohibited	Product harvested:	Harvest State:
_____	_____ (MM/DD/YY)	_____	_____	_____

- Check if additional harvest area page is attached

Person completing section 5: _____ Date completed: _____

Title/Agency: _____ Tel: _____

Additional harvest area page

Harvest areas:		Harvest area classification (if known):			
Area 3: _____	Date : _____ (MM/DD/YY)	Approved Conditionally restricted Restricted	Conditionally approved Restricted Prohibited	Product harvested: _____	Harvest State: _____
Area 4: _____	Date : _____ (MM/DD/YY)	Approved Conditionally restricted Restricted	Conditionally approved Restricted Prohibited	Product harvested: _____	Harvest State: _____
Area 5: _____	Date : _____ (MM/DD/YY)	Approved Conditionally restricted Restricted	Conditionally approved Restricted Prohibited	Product harvested: _____	Harvest State: _____
Area 6: _____	Date : _____ (MM/DD/YY)	Approved Conditionally restricted Restricted	Conditionally approved Restricted Prohibited	Product harvested: _____	Harvest State: _____
Area 7: _____	Date : _____ (MM/DD/YY)	Approved Conditionally restricted Restricted	Conditionally approved Restricted Prohibited	Product harvested: _____	Harvest State: _____
Area 8: _____	Date : _____ (MM/DD/YY)	Approved Conditionally restricted Restricted	Conditionally approved Restricted Prohibited	Product harvested: _____	Harvest State: _____
Area 9: _____	Date : _____ (MM/DD/YY)	Approved Conditionally restricted Restricted	Conditionally approved Restricted Prohibited	Product harvested: _____	Harvest State: _____
Area 10: _____	Date : _____ (MM/DD/YY)	Approved Conditionally restricted Restricted	Conditionally approved Restricted Prohibited	Product harvested: _____	Harvest State: _____

Additional laboratory results (If more than one specimen is tested, complete one row per specimen)
 *CIDT indicates Culture-Independent Diagnostic Test

3. Specimen three: Date collected: _____ (MM/DD/YY) Received at public health laboratory? Yes No Unk If yes, State lab ID: _____

Specimen source: _____	Culture, result: Pos Neg Unk Not Done	CIDT, result: Pos Neg Unk Not Done If positive, species identified: _____
Specimen Site: _____	If positive, species identified: _____	Name/type of diagnostic test used: _____
If Other, specify: _____	If species identified as multiple or other, specify: _____	If species identified as multiple or other, please specify: _____

4. Specimen four: Date collected: _____ (MM/DD/YY) Received at public health laboratory? Yes No Unk If yes, State lab ID: _____

Specimen source: _____	Culture, result: Pos Neg Unk Not Done	CIDT, result: Pos Neg Unk Not Done If positive, species identified: _____
Specimen Site: _____	If positive, species identified: _____	Name/type of diagnostic test used: _____
If Other, specify: _____	If species identified as multiple or other, specify: _____	If species identified as multiple or other, please specify: _____