

**Ground Beef Supplemental Form for Ohio cases of Shiga-toxin positive *E. coli*  
(including *E. coli* O157)**

Obtain the information below from all patients with laboratory confirmed Shiga-toxin positive *E. coli* infection.

Case Name: \_\_\_\_\_ ODRS #: \_\_\_\_\_ ODH Lab LITS #: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ years Date of birth: \_\_\_\_\_

Date of illness onset: \_\_\_\_\_ Date of specimen collection: \_\_\_\_\_

*The following questions should refer to **7 days prior to illness onset**. When thinking about ground beef, please consider hamburger patties, meatballs, meatloaf, tacos, chili or other dishes made with ground beef.*

**In the 7 days before your illness onset...**

- 1) Did you eat any food made from ground beef at your home or at someone else's home?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Don't recall

- 2) Was there any ground beef in your home, in the freezer or refrigerator, even if you did not eat it?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Don't recall (If no or don't recall, skip to question 4.)

- 3) Where did you purchase or obtain your ground beef (store or other source)?

Complete the information below for each ground beef purchase:

3a) Store Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date of purchase: \_\_\_\_\_

Condition: \_\_\_\_ frozen \_\_\_\_ fresh \_\_\_\_ unkn. Form: \_\_\_\_ bulk \_\_\_\_ patties \_\_\_\_ other \_\_\_\_\_ Weight: \_\_\_\_ lbs.

Type/Grade: \_\_\_\_\_ % lean \_\_\_\_\_ Brand: \_\_\_\_\_ Lot#: \_\_\_\_\_ Sell by: \_\_\_\_\_ USDA# \_\_\_\_\_

Receipt available? \_\_\_\_ Yes \_\_\_\_ No Bought w/ a shopper's card? \_\_\_\_ Yes \_\_\_\_ No

What was case's exposure? \_\_\_\_ ate it \_\_\_\_ prepared it \_\_\_\_ none known \_\_\_\_ other \_\_\_\_\_

Is any of this meat (or companion package) still available? \_\_\_\_ Yes: (raw / cooked) (frozen / refrigerated) \_\_\_\_ No

3b) Store Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date of purchase: \_\_\_\_\_

Condition: \_\_\_\_ frozen \_\_\_\_ fresh \_\_\_\_ unkn. Form: \_\_\_\_ bulk \_\_\_\_ patties \_\_\_\_ other \_\_\_\_\_ Weight: \_\_\_\_ lbs.

Type/Grade: \_\_\_\_\_ % lean \_\_\_\_\_ Brand: \_\_\_\_\_ Lot#: \_\_\_\_\_ Sell by: \_\_\_\_\_ USDA# \_\_\_\_\_

Receipt available? \_\_\_\_ Yes \_\_\_\_ No Bought w/ a shopper's card? \_\_\_\_ Yes \_\_\_\_ No

What was case's exposure? \_\_\_\_ ate it \_\_\_\_ prepared it \_\_\_\_ none known \_\_\_\_ other \_\_\_\_\_

Is any of this meat (or companion package) still available? \_\_\_\_ Yes: (raw / cooked) (frozen / refrigerated) \_\_\_\_ No

If more than two ground beef purchases were made, please continue question 3 on a second form.

**In the 7 days before your illness onset...**

- 4) Did you eat a meal made with ground beef at any restaurants, including fast-food restaurants, delis, or take-out?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Don't recall

If yes, When and where? List the name(s) and location(s) of the restaurant(s) and the type of food:

a) Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_ hamburger \_\_\_\_ meatballs \_\_\_\_ meatloaf \_\_\_\_ tacos Other: \_\_\_\_\_

b) Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_ hamburger \_\_\_\_ meatballs \_\_\_\_ meatloaf \_\_\_\_ tacos Other: \_\_\_\_\_

c) Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_ hamburger \_\_\_\_ meatballs \_\_\_\_ meatloaf \_\_\_\_ tacos Other: \_\_\_\_\_

d) Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_ hamburger \_\_\_\_ meatballs \_\_\_\_ meatloaf \_\_\_\_ tacos Other: \_\_\_\_\_

Form completed by: \_\_\_\_\_ tel: \_\_\_\_\_

**If any ground beef (raw, cooked, frozen or refrigerated) is available for testing,  
please contact ORBIT, BDC, ODH at 614/995-5599.**