

**Shiga-toxin (+) Broth Culture  
or Stool for Shiga toxin-  
Producing E. coli (STEC)**

**Revised: 1-31-2025**

<b>Test Description</b>	Detection of Shiga Toxins 1 and 2 from stools or stool broth cultures
<b>Test Use</b>	To confirm the presence of Shiga toxin-producing <i>Escherichia coli</i> (STEC) in stool enrichment broths that have tested positive for the presence of Shiga toxin; to isolate STEC for epidemiological characterization.
<b>Test Department</b>	Bacteriology Phone: (860) 920-6596 FAX: (860) 920-6721
<b>Methodology</b>	Enzyme-immunoassay (EIA), STEC PCR
<b>Availability</b>	Daily, Monday-Friday
<b>Specimen Requirements</b>	<ul style="list-style-type: none"> <li>• Pure culture of enteric pathogen on agar slant (preferred for shipping) or plate.</li> <li>• Stool specimen inoculated into GN</li> <li>• Stools that tested positive for Shiga toxins</li> </ul>
<b>Collection Kit/container</b>	To obtain a collection kit, refer to Collection Kit Ordering Information.
<b>Collection Instructions</b>	Stool specimens from patients with diarrheal illness must be collected as early in the course of the disease as possible. Collect into a clean, dry container. Transfer specimen to Cary Blair transport media. Fill to indicated line (15 mL).
<b>Specimen Handling &amp; Transport</b>	<ul style="list-style-type: none"> <li>• Store broth or stool at refrigerator temperature (2-8° C).</li> <li>• Transport specimen with an ice pack.</li> <li>• Avoid temperature extremes.</li> <li>• Stool specimen must arrive within 7 days of collection.</li> </ul>
<b>Unacceptable Conditions</b>	<ul style="list-style-type: none"> <li>• Unlabeled specimens</li> <li>• Specimens that have leaked or containers that have broken in transit</li> <li>• Specimens received in expired media</li> <li>• Stool specimens more than 7 days old</li> </ul>
<b>Requisition Form</b>	Clinical Test Requisition OL-9B
<b>Required Information</b>	<ul style="list-style-type: none"> <li>• Name and address of submitter. Two patient identifiers (name, DOB, Acc.#, MRN), town of residence (city, state, zip). Specimen type or source of collection, date collected, and test requested.</li> <li>• Please ensure information on the requisition matches the specimen.</li> </ul>
<b>Additional Comments</b>	A positive result may also be obtained by the presence of toxin produced by <i>Shigella dysenteriae</i> type 1 strains or other organisms.