

Study # 029	Plate # 171	Visit # 002	VERSION
SPECIMEN_ID	Date of Test	TEST_DATE	Version #
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;">2</div>
Specimen ID	Day Month Year		

Results

RESULT_ESTA <i>estA</i> (ST) (approx. 147 bp)	<input checked="" type="checkbox"/> 1	Positive	<input type="checkbox"/> 0	Negative
RESULT_ELTB <i>eltB</i> (LT) (approx. 508 bp)	<input checked="" type="checkbox"/> 1	Positive	<input type="checkbox"/> 0	Negative
RESULT_BFPA <i>bfpA</i> (approx. 367 bp)	<input checked="" type="checkbox"/> 1	Positive	<input type="checkbox"/> 0	Negative
RESULT_AATA <i>aatA</i> (approx. 630 bp)	<input checked="" type="checkbox"/> 1	Positive	<input type="checkbox"/> 0	Negative
RESULT_AAIC <i>aaiC</i> (approx. 215 bp)	<input checked="" type="checkbox"/> 1	Positive	<input type="checkbox"/> 0	Negative
RESULT_EAE <i>eae</i> (approx. 881 bp)	<input checked="" type="checkbox"/> 1	Positive	<input type="checkbox"/> 0	Negative

E. coli ID (more than one may apply)

Internal Use Only

- | | | |
|---|--|--|
| <input type="checkbox"/> <i>eae</i> ⁺ only | <input type="checkbox"/> ETEC ST ⁺ only | <input type="checkbox"/> EAEC <i>aatA</i> ⁺ only |
| <input type="checkbox"/> <i>bfpA</i> ⁺ (with or without <i>eae</i>): Typical EPEC | <input type="checkbox"/> ETEC ST ⁺ /LT ⁺ | <input type="checkbox"/> EAEC <i>aaiC</i> ⁺ only |
| | <input type="checkbox"/> ETEC LT ⁺ only | <input type="checkbox"/> EAEC <i>aatA/aaiC</i> ⁺ |
| | | <input type="checkbox"/> Negative for diarrheagenic <i>E. coli</i> |

PCR Duplex

<i>eae</i>	EPEC_EAE	<input type="checkbox"/> 0	Test Not Performed	<input checked="" type="checkbox"/> 1	Test Completed	<input checked="" type="checkbox"/> 1	Positive	<input type="checkbox"/> 0	Negative
ST	EPEC_ST	<input type="checkbox"/> 0	Test Not Performed	<input checked="" type="checkbox"/> 1	Test Completed	<input checked="" type="checkbox"/> 1	Positive	<input type="checkbox"/> 0	Negative
<i>bfpA</i> monoplex	EPEC_BFPA	<input type="checkbox"/> 0	Test Not Performed	<input checked="" type="checkbox"/> 1	Test Completed	<input checked="" type="checkbox"/> 1	Positive	<input type="checkbox"/> 0	Negative

	EAE_RESULTS
	ST_RESULTS
	BFPA_RESULTS
	TECH_DATE
Technician: _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	Day Month Year
QC/Supervisor: _____	REVIEW_DATE
	Date Reviewed
	Day Month Year