

Study # 029

Plate # 151

Visit # 001

SPECIMEN_ID

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Specimen ID

VERSION

Version #

3

COLLECT_RECT

COLLECT_STOOL

Rectal swab sample collected? ☐ No ☒ Yes Whole stool sample collected? ☐ No ☒ Yes

Specimen receipt:

Time processed in laboratory (24 hour clock)

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TEST_TIME

Date

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2	0		
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TEST_DATE

Day

Month

Year

Properly labeled?

☐ No☒ Yes

LABELED

Container tightly shut?

☐ No☒ Yes

TIGHTSHUT

Temperature okay (cold pack frozen)?

☐ No☒ Yes

COLD

WT_VOL_ACT

Sufficient weight/volume (minimum 5g/ml)?

☐ No☒ YesWT_VOLUME
Actual weight:

		.		
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g

Acceptable for accession?

☐ No☒ Yes

ACCEPTABLE

Aliquoted for:

VIRUSES

Viruses ☐ No ☒ Yes

ARCHIVE1

Archive 1 ☐ No ☒ Yes

PARASITES

Parasites ☐ No ☒ Yes

ARCHIVE2

Archive 2 ☐ No ☒ Yes

CDIFF

C. diff/H. pylori ☐ No ☒ Yes

BFRAG_HELMINTH

B. frag/Helminth ☐ No ☒ Yes

Specimen plated on:

TCBS

XLD SS/XLD ☐ No ☒ YesTTGA/TCBS ☐ No ☒ YesCAMPY CAMPY ☐ No ☒ YesMAC MaC ☐ No ☒ YesBP/APW ☐ No ☒ YesABA/CIN/RYAN ☐ No ☒ YesSFB SFB ☐ No ☒ Yes

APW

RYAN

Technician: TECH_SIG

TECH_DATE

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Day

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Month

2	0		
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Year

QC/Supervisor: QC_SIG

REVIEW_DATE Date Reviewed

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Day

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Month

2	0		
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Year



Study # 029 SPECIMEN_ID Plate # 161 TEST_DATE Visit # 002

Date of Test

Version # 3

Specimen ID

Day

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VERSION

Bacteria Isolated: For each bacteria tested, check either “No” (Not isolated) or “Yes” (isolated)

<i>Aeromonas</i> spp.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	AEROMONAS
<i>Campylobacter jejuni</i>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	CAMPY_JEJUNI
<i>Campylobacter coli</i>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	CAMPY_COLI
<i>Campylobacter</i> (Not jejuni or coli)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	CAMPY_NONJEJ
<i>Campylobacter</i> (Non-speciated)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	CAMPY_NONSPEC
<i>Salmonella</i> Typhi	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	SALM_TYPHI
<i>Salmonella enterica</i> Non-Typhi serovar	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	SALM_NONTYPHI
<i>Shigella</i> spp.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	SHIG_SPP

<i>Shigella</i> Serogroup	<i>S. dysenteriae</i> S_DYSENT	<i>S. flexneri</i> S_FLEXNERI	<i>S. boydii</i> S_BOYDII	<i>S. sonnei</i> S_SONNEI	<i>Non-typeable</i> S_NONTYPE												
	A <input checked="" type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>												
	SHIG_1A	SHIG_1B	SHIG_2A	SHIG_2B	SHIG_3A	SHIG_3B	SHIG_3C	SHIG_4A	SHIG_4B	SHIG_4C	SHIG_5A	SHIG_5B	SHIG_6	SHIG_7	SHIG_X	SHIG_Y	SHIG_NONTYPE
<i>Shigella flexneri</i> serotype	1a <input checked="" type="checkbox"/>	1b <input checked="" type="checkbox"/>	2a <input checked="" type="checkbox"/>	2b <input checked="" type="checkbox"/>	3a <input checked="" type="checkbox"/>	3b <input checked="" type="checkbox"/>	3c <input checked="" type="checkbox"/>	4a <input checked="" type="checkbox"/>	4b <input checked="" type="checkbox"/>	4c <input checked="" type="checkbox"/>	5a <input checked="" type="checkbox"/>	5b <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>	X <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/>	NT <input checked="" type="checkbox"/>
<i>Shigella dysenteriae</i> serotype 1	SHIG_DYSENT1 <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Not done												

<i>Vibrio cholerae</i>	VIB_CHOLERAЕ	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
If <i>V. cholerae</i> : VIB_01 <input checked="" type="checkbox"/> O1 VIB_0139 <input checked="" type="checkbox"/> O139 VIB_NON <input checked="" type="checkbox"/> Non O1/Non O139			
If O1:	VIB_ELTORCLASS	VIB_INABAOGAWA	
	<input checked="" type="checkbox"/> El Tor <input checked="" type="checkbox"/> Classical <input checked="" type="checkbox"/> Not tested	<input checked="" type="checkbox"/> Inaba <input checked="" type="checkbox"/> Ogawa <input checked="" type="checkbox"/> Not tested	

<i>Vibrio parahaemolyticus</i>	VIB_PARAHAEM	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<i>Vibrio</i> (other species)	VIB_OTHER	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
None of the above pathogens isolated	NONEPATHOS	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes (means none of the above isolated)
<i>E. coli</i> isolated	ECOLI	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
No growth	NOGROWTH	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes (means no growth on plate)

Technician: TECH_SIG 1=Signature present

QC/Supervisor: QC_SIG 1=Signature present

TECH_DATE

REVIEW_DATE Date Reviewed

Day

Month

Year

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"/> <i>bfpA</i> ⁺ (with or without <i>eae</i>): Typical EPEC | <input type="checkbox"/> ETEC ST ⁺ only <input type="checkbox"/> EAEC <i>aatA</i> ⁺ only
<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

Technician: _____ TECH_SIG 1=Signature present

QC/Supervisor: _____ QC_SIG 1=Signature present

TECH_DATE	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
Day Month Year	
REVIEW_DATE	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
Day Month Year	



DataFax # 029

SPECIMEN_ID

Specimen ID

Plate # 181

Day

Date of Test

Month

Visit # 002

TEST_DATE

Year

Version #

VERSION

PROTOZOAL ELISA IMMUNOASSAY*Entamoeba histolytica*

COMP_ENTAMOEBA

Test completed

RES_ENTAMOEBA

Positive

Negative

Giardia lamblia

COMP_GIARDIA

Test completed

RES_GIARDIA

Positive

Negative

Cryptosporidium spp.

COMP_CRYPTOSPOR

Test completed

RES_CRYPTOSPOR

Positive

Negative

Technician: TECH_SIG1 1=Signature present

TECH_DATE1

Day

Month

Year

VIRAL ELISA IMMUNOASSAY

Rotavirus

COMP_ROTAVIRUS

Test completed

RES_ROTAVIRUS

Positive

Negative

Adenovirus

COMP_ADENOVIRUS

Test completed

RES_ADENOVIRUS

Positive

Negative

Adenovirus 40/41

COMP_ADENO4041

Test completed

RES_ADENO4041

Positive

Negative

N/A

Technician: TECH_SIG2 1=Signature present

TECH_DATE2

Day

Month

Year

HELICO_TEST

Helicobacter pylori Not performed Test completed

Day

Month

Year

HELICO_RESULT

Positive

Negative

TECH_DATE3

Technician: TECH_SIG3 1=Signature present

Day

Month

Year

Clostridium difficile CLOST_TEST Test completed

Test not performed

CLOSTR_GDH GDH Ag Positive

GDH Ag Positive

GDH Ag Negative

CLOSTR_TOXIN Toxin A/B Positive

Toxin A/B Positive

Toxin A/B Negative

Technician: TECH_SIG4 1=Signature present

TECH_DATE4

Day

Month

Year

Date Reviewed

QC/Supervisor: QC_SIG 1=Signature present

REVIEW_DATE

Day

Month

Year



Study # 029

Plate # 191

Visit # 002

SPECIMEN_ID

Date of Test

TEST_DATE

Version #

2

VERSION

Specimen ID

Day

Month

Year

RT-PCR FOR VIRUSES

Norovirus GI (~ 330 bp)

☒ Positive☐ Negative

NORO_GI

Norovirus GII (~ 387 bp)

☒ Positive☐ Negative

NORO_GII

Sapovirus (~ 434 bp)

☒ Positive☐ Negative

SAPO_VIRUS

Astrovirus (~ 719 bp)

☒ Positive☐ Negative

ASTRO_VIRUS

TECH_DATE1

Technician: _____

TECH_SIG1

Day

Month

Year

Helminth Real Time PCR☒ Test completed☐ Test not performed

HELMIN_TEST

Ascaris lumbricoides☒ Positive☐ Negative

HELMIN_ASCARIS

Strongyloides stercoralis☒ Positive☐ Negative

HELMIN_STRONG

Ancylostoma duodenale☒ Positive☐ Negative

HELMIN_ANCYL

Necator americanus☒ Positive☐ Negative

HELMIN_NECATOR

TECH_DATE2

Technician: _____

TECH_SIG2

Day

Month

Year

BFRAG_TESTNON

BFRAG_RESULTS

B. fragilis☐ Test not performed☒ Test completed☒ Positive☐ Negative

TECH_DATE3

Technician: _____

TECH_SIG3

1=Signature present

Day

Month

Year

QC/Supervisor: _____

QC_SIG

1=Signature present

REVIEW_DATE

Date Reviewed

Day

Month

Year