



Study # 029 SPECIMEN\_ID Plate # 161 TEST\_DATE Visit # 002



Date of Test



Version # 3

Specimen ID

Day

Month

Year

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