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TEST DATE

Day

Month

Year

~~Is this specimen for VIDA or VIDA-Plus? (Select one) ☐ VIDA ☐ VIDA-Plus~~

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

<i>Aeromonas</i> spp.	<input type="checkbox"/> No	<input type="checkbox"/> Yes AEROMONAS															
<i>Campylobacter jejuni</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes CAMPY_JEJUNI															
<i>Campylobacter coli</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes CAMPY_COLI															
<i>Campylobacter</i> (Not <i>jejuni</i> or <i>coli</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Yes CAMPY_NONJEJ															
<i>Salmonella</i> Typhi	<input type="checkbox"/> No	<input type="checkbox"/> Yes SALM_TYPHI															
Detected from Sellenite broth	<input type="checkbox"/> No	<input type="checkbox"/> Yes SALM_SELBROTH1															
<i>Salmonella enterica</i> Non-Typhi serovar	<input type="checkbox"/> No	<input type="checkbox"/> Yes SALM_NONTYPHI															
Detected from Sellenite broth	<input type="checkbox"/> No	<input type="checkbox"/> Yes SALM_SELBROTH2															
<i>Shigella</i> spp.	<input type="checkbox"/> No	<input type="checkbox"/> Yes SHIG_SPP															
<i>Shigella</i> Serogroup	<i>S. dysenteriae</i>	<i>S. flexneri</i>	<i>S. boydii</i>	<i>S. sonnei</i>	Non-typeable												
SHIG_SPP_SPEC	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	<input type="checkbox"/>												
<i>Shigella flexneri</i> serotype	1a	1b	2a	2b	3a	3b	3c	4a	4b	5a	5b	6	7a	7b	X	Y	NT
SHIG_FLEX_SPEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shigella</i> serotype	SHIG_SPEC_NA				<input type="checkbox"/> test completed	<input type="checkbox"/> test not done											
<i>Shigella dysenteriae</i> serotype 1					<input type="checkbox"/> No	<input type="checkbox"/> Yes				<input type="checkbox"/> Not done				SHIG_DYSENT1			
<i>Vibrio cholerae</i>	VIB_CHOLERAE				<input type="checkbox"/> No	<input type="checkbox"/> Yes											
If <i>V. cholerae</i> :	<input type="checkbox"/> 01	<input type="checkbox"/> 0139		<input type="checkbox"/> Non01/Non0139		<input type="checkbox"/> Not tested		VCHOL_SERO1									
If 01:	<input type="checkbox"/> El Tor		<input type="checkbox"/> Classical		<input type="checkbox"/> Not tested		<input type="checkbox"/> Inaba		<input type="checkbox"/> Ogawa		<input type="checkbox"/> Not tested						
L_BIO	VCHOL_SERO2																
<i>Vibrio parahaemolyticus</i>	VIB_PARAHAEM				<input type="checkbox"/> No	<input type="checkbox"/> Yes											
<i>Vibrio</i> (other species)	VIB_OTHER				<input type="checkbox"/> No	<input type="checkbox"/> Yes											
None of the above pathogens isolated	<input type="checkbox"/> No				NONEPATHOS				<input type="checkbox"/> Yes (means none of the above isolated)								
<i>E. coli</i> isolated	<input type="checkbox"/> No				ECOLI				<input type="checkbox"/> Yes								
No growth	<input type="checkbox"/> No				NO GROWTH				<input type="checkbox"/> Yes (means no growth on plate)								

Technician: **TECH_NAME**

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TECH DATE *Date Reviewed*

QC/Supervisor: **QC_NAME**

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QC DATE