

STEC WDRS Lab Form

Performing lab for entire report : _____

Specimen identifier/accession number: _____

Specimen collection date: _____

WDRS specimen type

- STOOL
- RECTAL SWAB
- URINE
- UNSPECIFIED
- BLOOD
- OTHER: _____

Notes

Test Performed	Test Result Coded	Results Summary
<input type="checkbox"/> PCR/Nucleic Acid Test (NAT, NAAT, DNA)	<input type="checkbox"/> Shiga toxin 1 negative, Shiga toxin 2 positive <input type="checkbox"/> Shiga toxin 1 positive, Shiga toxin 2 negative <input type="checkbox"/> Shiga toxin 1 positive, Shiga toxin 2 positive <input type="checkbox"/> Shiga toxin positive, undifferentiated <input type="checkbox"/> Shiga toxin not detected <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/> Shiga Toxin EIA	<input type="checkbox"/> Shiga toxin 1 negative, Shiga toxin 2 positive <input type="checkbox"/> Shiga toxin 1 positive, Shiga toxin 2 negative <input type="checkbox"/> Shiga toxin 1 positive, Shiga toxin 2 positive <input type="checkbox"/> Shiga toxin positive, undifferentiated <input type="checkbox"/> Shiga toxin not detected <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> _____	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/> Shiga Toxin Unspecified test type	<input type="checkbox"/> Shiga toxin 1 negative, Shiga toxin 2 positive <input type="checkbox"/> Shiga toxin 1 positive, Shiga toxin 2 negative <input type="checkbox"/> Shiga toxin 1 positive, Shiga toxin 2 positive <input type="checkbox"/> Shiga toxin positive, undifferentiated <input type="checkbox"/> Shiga toxin not detected <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> _____	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/> E. coli O157 PCR Nucleic Acid Test (NAT)	<input type="checkbox"/> E. coli O157 detected <input type="checkbox"/> E. coli O157 not detected	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/> Bacterial culture (isolation)	<input type="checkbox"/> Shiga toxin-producing E. coli non-O157 <input type="checkbox"/> Shiga toxin-producing E. coli O157 <input type="checkbox"/> Shiga toxin-producing E. coli spp. not isolated	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/> Bacterial serotyping	<input type="checkbox"/> _____	<input type="checkbox"/> POSITIVE