

<b>Enteric Panel Report Form</b>		Survey no.
Laboratory Name:		Laboratory no:
Name (please print):	Date Received:	Date Reported:
<b>Instructions:</b>		
<p>1. Please process the samples (stable for 14 days from shipment date) as soon as possible and report the results before the due date (see the package cover letter for the due date).</p> <p>2. Process the simulated sample as per your normal laboratory protocol. The samples can be tested using <b>molecular/PCR and/or culture methods</b>.</p> <p>3. Check <input checked="" type="checkbox"/> for the best answer. Include any comments or additional information in the Comments box.</p> <p>4. If you have any questions or require clarification, please contact CMPT.</p> <p>Please submit results by electronically, via <a href="http://www.cmpt.ca">www.cmpt.ca</a>, e-mail (<a href="mailto:cmpt.path@ubc.ca">cmpt.path@ubc.ca</a>) or by fax (1-866-580-2678 or 604-827-1338) by the due date. Preliminary results will be posted on the web, <a href="http://www.cmpt.ca">www.cmpt.ca</a> 2 days after the due date - reports will not be accepted after this date.</p>		
Specimen no.	Enteric Panel Test Results (check one box for the best answer)	Comments including Method (s), if applicable
<b>1</b>	<input type="checkbox"/> <i>Salmonella</i> species <input type="checkbox"/> <i>Shigella</i> species <input type="checkbox"/> <i>Campylobacter jejuni</i> <input type="checkbox"/> <i>Yersinia</i> species <input type="checkbox"/> Enterotoxigenic <i>Escherichia coli</i> <input type="checkbox"/> negative or none of the above	
<b>2</b>	<input type="checkbox"/> <i>Salmonella</i> species <input type="checkbox"/> <i>Shigella</i> species <input type="checkbox"/> <i>Campylobacter jejuni</i> <input type="checkbox"/> <i>Yersinia</i> species <input type="checkbox"/> Enterotoxigenic <i>Escherichia coli</i> <input type="checkbox"/> negative or none of the above	
<b>3</b>	<input type="checkbox"/> <i>Salmonella</i> species <input type="checkbox"/> <i>Shigella</i> species <input type="checkbox"/> <i>Campylobacter jejuni</i> <input type="checkbox"/> <i>Yersinia</i> species <input type="checkbox"/> Enterotoxigenic <i>Escherichia coli</i> <input type="checkbox"/> negative or none of the above	
<b>4</b>	<input type="checkbox"/> <i>Salmonella</i> species <input type="checkbox"/> <i>Shigella</i> species <input type="checkbox"/> <i>Campylobacter jejuni</i> <input type="checkbox"/> <i>Yersinia</i> species <input type="checkbox"/> Enterotoxigenic <i>Escherichia coli</i> <input type="checkbox"/> negative or none of the above	