

<b>Enteric Panel Report Form</b>		Survey no.
Laboratory Name:		Laboratory no:
Name (please print):	Date Received:	Date Reported:

**Instructions:**

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).
2. Process the simulated sample as per your normal laboratory protocol. The samples can be tested using **molecular/PCR and/or culture methods.**
3. Check  for the best answer. Include any comments or additional information in the Comments box.
4. If you have any questions or require clarification, please contact CMPT.
5. The PT samples may contain *Salmonella*, *Shigella*, *Campylobacter*, *Yersinia*, *toxigenic E.coli*, *Aeromonas* or *Vibrio* species. **If your method does not detect any of these organisms, please indicate in the Method(s) or Comments section of this form AND include the steps you would take to address the enteric pathogens your method cannot detect.**

Please submit results by electronically, via [www.cmpt.ca](http://www.cmpt.ca), e-mail ([cmpt.path@ubc.ca](mailto:cmpt.path@ubc.ca)) or by fax (1-866-580-2678 or 604-827-1338) by the due date.

Sample	Select ONE below for each sample <input checked="" type="checkbox"/>								Method (s)
	<i>Salmonella</i> species	<i>Shigella</i> species	<i>Campylobacter jejuni</i>	<i>Yersinia</i> species	toxigenic <i>Escherichia coli</i>	<i>Aeromonas</i> species	<i>Vibrio</i> species	negative	
<b>1</b>									
<b>2</b>									
<b>3</b>									
<b>4</b>									

**Comments**