

Salmonella WDRS Lab Form

Performing lab for entire result: _____

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"/> Salmonella spp. detected <input type="checkbox"/> Salmonella spp. not detected <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/> Bacterial culture (isolation)	<input type="checkbox"/> Salmonella spp. <input type="checkbox"/> Salmonella non typhi <input type="checkbox"/> Salmonella spp. not isolated <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/> Bacterial serotyping	<input type="checkbox"/> _____	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).