

## Shigella 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"/> Shigella spp. <input type="checkbox"/> Shigella spp./EIEC detected <input type="checkbox"/> Shigella spp./EIEC NOT detected <input type="checkbox"/> Shigella NOT detected <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/> Bacterial culture (isolation)	<input type="checkbox"/> Shigella spp. <input type="checkbox"/> Shigella sonnei <input type="checkbox"/> Shigella flexneri <input type="checkbox"/> Shigella dysenteriae <input type="checkbox"/> Shigella boydii <input type="checkbox"/> Shigella spp. not isolated <input type="checkbox"/> Other, specify _____	<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).



DOH 420-242 November 2018