

**Giardia 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"/> Giardia spp. detected <input type="checkbox"/> Giardia spp. NOT detected <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/> Enzyme Immunoassay (EIA) / ELISA	<input type="checkbox"/> Giardia lamblia antigen detected <input type="checkbox"/> Giardia lamblia antigen NOT detected <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/> O&P/Microscopy	<input type="checkbox"/> Giardia lamblia observed <input type="checkbox"/> Giardia spp. observed <input type="checkbox"/> Giardia spp. not observed <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).



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