

Method 1623 *Giardia* Report Form (accessibility version of form - text only)

Laboratory name:

Laboratory ID (if applicable):

Client sample number:

Internal laboratory sample ID (if applicable):

10-mL subsample ID (if packed pellet > 0.5 mL):

Volume examined (in L) on this slide:

Analyst:

Pos. staining control acceptable  yes  no

Neg. staining control acceptable  yes  no

header 1: Object located by FA No.

1, 2, 3, 4, 5, 6, 7, 8, 9, 10

header 2: Shape (oval or round)

header 3: Size L x W (micrometers)

header 4: DAPI - Light blue internal staining, no distinct nuclei, green rim (A)

header 5: DAPI + Intense blue internal staining (B)

header 6: DAPI + Number of nuclei stained sky blue (C)

header 7: D.I.C. Empty cysts (D)

header 8: D.I.C. Cysts with amorphous structure (E)

header 9: D.I.C. Cysts with internal structure (F) Number of nuclei

header 10: D.I.C. Cysts with internal structure (F) Median body

header 11: D.I.C. Cysts with internal structure (F) Axonemes

Total FA number from this slide:

Examination completion date:

Examination completion time (must be complete within 7 days of staining):

DAPI -: Total number (A):

DAPI +: Total number (B):

DAPI+: Total number (C):

D.I.C.: Total number of empty cysts (D):

D.I.C.: Total number of cysts with amorphous structure (E):

D.I.C.: Total number of cysts with one internal structure (F):

D.I.C.: Total number of cysts with >one internal structure (F):

Total number DAPI + (C) that show structure by D.I.C. (F):

---

June 15, 2001, Revision - Draft