

Laboratory name:	Laboratory ID:
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Method 1622/1623/1623.1 Slide Examination Form

Sample ID:	Analyst:
Examination/verification completion: (must be completed within 168 hours (7 days) of staining)	Slide number:
Date: _____ Time: _____	Total number of slides for this sample:
Positive staining control acceptable & 3 oocysts and cysts characterized with FITC, Size, Shape, DAPI and DIC YES NO	Negative staining control acceptable YES NO
FITC, Size, Shape, DIC and DAPI Characteristics Must Be Recorded for all Oocysts Detected in Field Sample YES NO	

Cryptosporidium Results

Object located by FA No.	Shape (oval or round)	Size L x W (µm)	DAPI -	DAPI +		D.I.C.		
			Light blue internal staining, no distinct nuclei, green rim	Intense blue internal staining	Number of nuclei stained sky blue	Empty oocysts	Oocysts with amorphous structure	Oocysts with internal structure Number of sporozoites
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total FA number from this slide:								
Analyst signature: _____				P.A. <input type="checkbox"/>	Principal Analyst (P.A.) Signature: _____			
Comments:								

Giardia Results (Methods 1623 and 1623.1 only)

Object located by FA No.	Shape (oval or round)	Size L x W (µm)	DAPI -	DAPI +		D.I.C.					
			Light blue internal staining, no distinct nuclei, green rim	Intense blue internal staining	Number of nuclei stained sky blue	Empty cysts	Cysts with amorphous structure	Cysts with internal structure Number of nuclei Median body Axonemes			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Total FA number from this slide:											
Comments:											