



Received on:

Form ID:

Laboratory Weekly Report

Laboratory name:	
Director name:	Week starting on Monday:
Lab register no.:	

Total	Negative	Positive
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1. Bacteriological culture			Brucella	Campylobacter	E. coli (pure culture)	Haemophilus influenza	Listeria	Neisseria meningitidis	Salmonella	Shigella	Streptococcus pneumoniae	Streptococcus	Vibrio Cholerae	Others, specify
	Total	Negative	Positive											
CSF														
Blood														
Stool														
Respiratory														

2. Direct exam

	Entamoeba histolytica	Giardia	Others, specify
Stool direct			
Rotavirus			

3. Serology

IgM VHA			
IgM Measles			
IgM Rubella			

4. Influenza

	A	B	A(H1)	A(H3)	A(H5)	Others, specify
Rapid test						
PCR						

5. Remarks:

Name and signature:

Date: