Method 1623 Giardia Report Form

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					
Object located by FA	Shape (oval or round)	Size L x W (μm)	DAPI -	DA	PI +	+ D.I.C.				
			Light blue internal staining, no distinct nuclei, green rim (A)	Intense blue internal staining (B)	Number of nuclei stained sky blue (C)	Empty cysts (D)	Cysts with amorphous structure (E)	Cysts with internal structure (F)		
No.								Number of nuclei	Median body	Axonemes
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Total FA number from this slide:					Examination completion date:					
					Examination completion time (must be complete within 7 days of staining):					
DAPI-: Total number (A):					D.I.C.: Total number of empty cysts (D):					
DAPI+: Total number (B):					D.I.C.: Total number of cysts with amorphous structure (E):					
DAPI+: Total number (C):					D.I.C.: Total number of cysts with one internal structure (F):					
Total number DAPI + (C) that show structure by D.I.C. (F):					D.I.C.: Total number of cysts with >one internal structure (F):					