GLOBAL TASK FORCE ON CHOLERA CONTROL

GTFCC Laboratory Reporting Form for Suspected Cholera Case

The laboratory is to complete this form and send a copy to the relevant health authorities and requesting clinician.

The type of results reported in this form are based on the methods recommended by the GTFCC and that match the contents of the WHO cholera laboratory kits. Other tests and results may be reported.

For more information on testing for cholera refer to GTFCC Job Aids Rapid Diagnostic Test (RDT) for cholera detection, Isolation and Presumptive Identification of Vibrio cholerae O1/O139 from fecal specimens, Antimicrobial Susceptibility Testing for Treatment and Control of Cholera.

Report made by

Name/Address of laboratory (or stamp)

Name of laboratory director/contact person: .....

Phone: ..... E-mail: .....

Signature: .....

Patient and specimen information

Patient full name: ..... **Patient ID:** ..... **Sex:** ☐ Male ☐ Female

Age: __ __ Years/__ __Months/__ __ Days or date of birth DD MM YYYY __ __/__ __/__ __ __ __

Date of onset of illness: DD MM YYYY __ __/__ __/__ __ __ __ **Specimen ID:** .....

Date that sample was collected: DD MM YYYY __ __/__ __/__ __ __ __

Date and time of receipt at laboratory: DD MM YYYY Hour Minute __ __/__ __/__ __ __ __ __ __

Specimen condition for testing: ☐ Adequate ☐ Not adequate, specify .....

Laboratory results

RDT

Performed in lab: ☐ No
☐ Yes, specify: ☐ Enriched RDT
☐ Direct RDT

Name of kit used: .....

Date test performed: DD MM YYYY __ __/__ __/__ __ __ __

Result: ☐ Positive ☐ Negative ☐ Indeterminate

Oxidase test

Performed: ☐ Yes ☐ No

Date test performed: DD MM YYYY __ __/__ __/__ __ __ __

Result: ☐ Positive ☐ Negative

Culture

☐ on TCBS: Directly from sample: ☐ Yes ☐ No
After enrichment in APW: ☐ Yes ☐ No

☐ on Non Selective Agar (NSA):
Directly from sample: ☐ Yes ☐ No

After enrichment in APW: ☐ Yes ☐ No

☐ Others, specify: .....

Date test performed: DD MM YYYY __ __/__ __/__ __ __ __

Results:

☐ Growth on TCBS, specify color and aspect of colonies: .....
.....

☐ Growth on NSA

Seroagglutination test

Performed: ☐ Yes ☐ No

Date test performed: DD MM YYYY __ __ / __ __ / __ __ __ __

Results:

Self-agglutination in saline: ☐ Yes ☐ No

Serogroup identification:

☐ Positive O1 ☐ Positive O139 ☐ Negative

Serotype identification (for O1):

☐ Positive Inaba ☐ Positive Ogawa

Polymerase Chain Reaction test

Performed: ☐ Yes ☐ No

Use of commercial kit: ☐ Yes ☐ No / Name: .....

or in-house assay used: ☐ Yes ☐ No

Date test performed: DD MM YYYY __ __ / __ __ / __ __ __ __

Species confirmation, *V. cholerae* Target:

☐ Positive ☐ Negative ☐ Indeterminate

Serogroup O1 Target:

☐ Positive ☐ Negative ☐ Indeterminate

Serogroup O139 Target:

☐ Positive ☐ Negative ☐ Indeterminate

Toxin detection: Target *ctxA*:

☐ Positive ☐ Negative ☐ Indeterminate

Others, target:

☐ Positive ☐ Negative ☐ Indeterminate

Antimicrobial Susceptibility Testing

Performed: ☐ Yes ☐ No

Method: ☐ Agar Disk Diffusion Method
☐ Minimum Inhibitory Concentration test-strips
☐ Other, specify .....

Date test performed: DD MM YYYY __ __ / __ __ / __ __ __ __

Erythromycin (EM):	☐ Not tested	☐ Susceptible
	☐ Intermediate	☐ Resistant
Pefloxacin (PEF):	☐ Not tested	☐ Susceptible
	☐ Intermediate	☐ Resistant
Tetracycline (TE):	☐ Not tested	☐ Susceptible
	☐ Intermediate	☐ Resistant
Doxycycline (DOX):	☐ Not tested	☐ Susceptible
	☐ Intermediate	☐ Resistant
Azithromycin (AZ):	☐ Not tested	☐ Susceptible
	☐ Intermediate	☐ Resistant
Ciprofloxacin (CIP):	☐ Not tested	☐ Susceptible
	☐ Intermediate	☐ Resistant

Others: .....

☐ Susceptible ☐ Intermediate ☐ Resistant

Other tests performed (e.g. lysis by phages, string test etc)

Specify: .....

Date test performed: DD MM YYYY __ __ / __ __ / __ __ __ __

Results: .....

Summary of results

Vibrio cholerae: ☐ Yes ☐ No Serogroup: ☐ O1 ☐ O139 Toxigenicity: ☐ Positive ☐ Negative

Serotype (if known): ..... Biotype (if known): .....

Alternative diagnosis or coinfections:

Pathogen identified	Diagnostic method used (eg. Culture, PCR...)

Additional comments (including information regarding susceptibility/resistance to antimicrobials, or awaiting further results): .....

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Date laboratory results are sent back to referring health facility: DD MM YYYY __ __/__ __/__ __ __ __

Date laboratory results are sent to health authorities: DD MM YYYY __ __/__ __/__ __ __ __