

Quality Assurance Parasite Testing Report

Testing Cycle: __December2014_____

Facility: __Biological Science_____

Room/s: _____164,169_____

Sentinel Arrival Date: __Sept2014_____

Date of Sampling: _December2014_____

Sentinel ID (room and rack)	Ectoparasite (pelt)	Endoparasite (tape)	Endoparasite (cecum/proximal colon)
Rm 164 mice	NEG	NEG	NEG
Rm 169 rats	NEG	NEG	NEG

Date fecal samples submitted to GLADS for float or pinworm PCR: __2Dec2014__

Comments, Results of further diagnostic testing: _____

Technician/s: ____Elizabeth Stich RVT_____