

Quality Assurance Parasite Testing Report

Testing Cycle: __December 2014__

Facility: __CRV__

Room/s: __Multiple__

Sentinel Arrival Date: __September 2014__

Date of Sampling: __December 2014__

Sentinel ID (room and rack)	Ectoparasite (pelt)	Endoparasite (tape)	Endoparasite (cecum/proximal colon)
CRV RM 16	NEG	NEG	NEG
CRV RM 18	NEG	NEG	NEG
CRV RM 19	NEG	NEG	NEG
CRV RM 20	NEG	NEG	NEG
CRV RM 26	NEG	NEG	NEG
CRV RM 27	NEG	NEG	NEG
CRV RM 28	NEG	NEG	NEG
CRV RM 32	NEG	NEG	NEG
CRV RM 33	NEG	NEG	NEG
CRV RM 34	NEG	NEG	NEG
CRV RM 35	NEG	NEG	NEG
CRV RM 43	NEG	NEG	NEG
CRV RM 44	NEG	NEG	NEG
CRV RM 45	No sentinel		
CRV RM 46	No sentinel		
CRV RM 48	NEG	NEG	NEG
CRV RM 49	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_____