Enterolert

_____

Laboratory Name

Incubator Temp. In _____
Initials _____

Enterolert Media Lot #_____
Expiration date _____
Sample Bottle Lot # _____

SAMPLE INFORMATION				BIOCHEMICAL REACTION (Fluoresces)		REPORTED TEST RESULTS
SAMPLE ID#	LOCATION	SET UP DATE/ TIME	ANALYST INITIALS	POSITIVE # LARGE WELLS	POSITIVE # SMALL WELLS	MPN FROM QUANTI-TRAY TABLE

Quality Control

Sterility (1/Week)			
Positive Culture (1/Week)			
Sealer Check (1/month)			

Test Results Read By: _____
Date/Time Read: _____
Incubator Temperature at Reading: _____