

Patient Name: _____

Patient Age: |__| |__| . |__|

Patient Sex: Male Female

FORM HIFM4 - STOOL MICROSCOPY RESULTS

Date of Test: |__| |__| / |__| |__| / |__| |__| |__| |__| or Not Done _____
 Day Month Year

Photos Taken of Slide? Yes 1 No 2

Cells/Parasites in Stool	Microscopy Result (Check Column)					
	Scanty 1	If Scanty, count/LPF	+Positive 2	++Positive 3	+++Positive 4	Negative 5
a) Cellular Abnormalities (record text results)						
i.						
ii.						
iii.						
b) Ova						
i. Hookworm						
ii. Schistosoma						
iii. Strongyloides						
iv. Other (Specify):						
c) Cysts						
i. Hookworm						
ii. Schistosoma						
iii. Strongyloides						
iv. Other (Specify):						
d) Larvae						
i. Hookworm						
ii. Schistosoma						
iii. Strongyloides						
iv. Other (Specify):						
e) Trophozoites						
i. Amoeba						
ii. Balantidium coli						
iii. Giardia						
iv. Other (Specify):						

Comments on macroscopic appearance:

Hospital ID
(stick label here)

Transcribed by: _____
 Checked by: _____

Subject ID
(stick label here)