

LABORATORY REPORT

Diatherix Laboratories, LLC

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PATIENT:		ORDERIN	ORDERING PHYSICIAN:		
	ID:	Name:			
Gender: Age: DOI	3:	Phone:			
SPECIMEN:		CLIENT:			
Source:	Collected:	Name:			
Specimen ID:	Received:	Code:	Code:		
Accession ID:	Reported:	Address:			
Helicobacter pylori Pane	·	DETECTED	NOT DETECTED	COMMENTS:	
Helicobacter pylori Clarithromycin Resistar					