

**PATIENT:**

Gender: Age: DOB: ID:

ORDERING PHYSICIAN:

Name:
Phone:

SPECIMEN:

Source: Collected:
Specimen ID: Received:
Accession ID: Reported:

CLIENT:

Name:
Code:
Address:

Bacterial Vaginosis Panel:

Atopobium vaginae
Gardnerella vaginalis
Mycoplasma genitalium
Mycoplasma hominis
Ureaplasma urealyticum

DETECTED**NOT DETECTED****COMMENTS:**