

PATIENT:

Gender:	Age:	DOB:	ID:
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ORDERING PHYSICIAN:

Name:
Phone:

SPECIMEN:

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

CLIENT:

Name:
Code:
Address:

Gastrointestinal Panel:

Adenovirus types 40, 41
 Norovirus
 Rotavirus

Enterohemorrhagic E. coli (EHEC)
 Shiga-like toxin gene (stx1)
 Shiga-like toxin gene (stx2)
 Enteropathogenic E. coli (EPEC)
 Enterotoxigenic E. coli (ETEC)
 Enteroinvasive E. coli/Shigella (EIEC)
 Salmonella enterica
 Campylobacter jejuni
 Vibrio parahaemolyticus
 Clostridium difficile (toxin B gene)

Cryptosporidium parvum
 Giardia lamblia

DETECTED
NOT DETECTED
COMMENTS: