

PATIENT:

| | | | |
|---------|------|------|-----|
| Gender: | Age: | DOB: | ID: |
|---------|------|------|-----|

ORDERING PHYSICIAN:

| |
|--------|
| Name: |
| Phone: |

SPECIMEN:

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

CLIENT:

| |
|----------|
| Name: |
| Code: |
| Address: |

Herpes Simplex Virus Panel:

Herpes Simplex Virus type 1
 Herpes Simplex Virus type 2

DETECTED
NOT DETECTED
COMMENTS: