

Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

Test Name	In Range	Out Of Range	Reference Range	Lab
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GIARDIA AG, EIA, STOOL

MICRO NUMBER:	
TEST STATUS:	FINAL
SPECIMEN SOURCE:	STOOL
SPECIMEN QUALITY:	ADEQUATE
RESULT 1:	Not Detected

NOTE: Due to intermittent shedding, one negative sample does not necessarily rule out the presence of a parasitic infection.

PERFORMING SITE: