

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

**COMMENTS:**

Test Name	In Range	Out Of Range	Reference Range	Lab
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SHIGA TOXINS, EIA W/RFL TO E.COLI O157 CULTURE				
MICRO NUMBER:				
TEST STATUS: FINAL				
SPECIMEN SOURCE: STOOL				
SPECIMEN QUALITY: ADEQUATE				
RESULT: Not Detected				
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CAMPYLOBACTER, CULTURE				
MICRO NUMBER:				
TEST STATUS: FINAL				
SPECIMEN SOURCE: STOOL				
SPECIMEN QUALITY: ADEQUATE				
RESULT: No enteric Campylobacter isolated				
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SALMONELLA AND SHIGELLA, CULTURE				
MICRO NUMBER:				
TEST STATUS: FINAL				
SPECIMEN SOURCE: STOOL				
SPECIMEN QUALITY: ADEQUATE				
RESULT: No Salmonella or Shigella isolated				

**PERFORMING SITE:**