

Patient Information	Specimen Information	Client Information
<b>DOB:    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			
=====				
CAMPYLOBACTER, CULTURE				
MICRO NUMBER:				
TEST STATUS:	FINAL			
SPECIMEN SOURCE:	STOOL			
SPECIMEN QUALITY:	ADEQUATE			
RESULT:	No enteric Campylobacter isolated			
=====				
SALMONELLA AND SHIGELLA, CULTURE				
MICRO NUMBER:				
TEST STATUS:	FINAL			
SPECIMEN SOURCE:	STOOL			
SPECIMEN QUALITY:	ADEQUATE			
RESULT:	No Salmonella or Shigella isolated			

**PERFORMING SITE:**