

PATIENT:

Gender: Age: DOB: ID:

SPECIMEN:

Type: Collected:
Source/Site: Received:
Specimen ID: Reported:
Accession ID:

ORDERING PHYSICIAN:

Name:
Phone:

CLIENT:

Name:
Code:
Address:

Gastrointestinal with Cdiff:

Campylobacter jejuni
Clostridioides difficile (toxin B gene)
Enterohemorrhagic *E. coli* (EHEC)
 Shiga-like toxin gene (*stx1*)
 Shiga-like toxin gene (*stx2*)
Enteropathogenic *E. coli* (EPEC)
Enterotoxigenic *E. coli* (ETEC)
Shigella / Enteroinvasive *E. coli* (EIEC)
Salmonella enterica
Vibrio parahaemolyticus
Adenovirus types 40, 41
Norovirus
Rotavirus
Cryptosporidium parvum
Giardia lamblia

DETECTED
NOT DETECTED
COMMENTS: