

**PATIENT:**

Gender: Age: DOB: ID:

ORDERING PHYSICIAN:

Name:
Phone:

SPECIMEN:

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

CLIENT:

Name:
Code:
Address:

Helicobacter pylori Panel:

Helicobacter pylori
Clarithromycin Resistance Determinant

DETECTED**NOT DETECTED****COMMENTS:**