

PATIENT:

Gender:	Age:	DOB:	ID:
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ORDERING PHYSICIAN:

Name:
Phone:

SPECIMEN:

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

CLIENT:

Name:
Code:
Address:

CT/NG Panel:

Chlamydia trachomatis
Neisseria gonorrhoeae

DETECTED
NOT DETECTED
COMMENTS: