

**PATIENT:**

Gender:      Age:      DOB:      ID:

**ORDERING PHYSICIAN:**Name:  
Phone:**SPECIMEN:**Source:      Collected:  
Specimen ID:      Received:  
Accession ID:      Reported:**CLIENT:**Name:  
Code:  
Address:**Group B Streptococcus:**Group B Streptococcus (*Streptococcus agalactiae*)**DETECTED****NOT DETECTED****COMMENTS:**