

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:

HPV High Risk Typing Panel:

HPV type 16
 HPV type 18
 HPV type 31
 HPV type 33
 HPV type 35
 HPV type 39
 HPV type 45
 HPV type 51
 HPV type 52
 HPV type 53
 HPV type 56
 HPV type 58
 HPV type 59
 HPV type 67
 HPV type 68

DETECTED
NOT DETECTED
COMMENTS: