

**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:

**Staphylococcus Differentiation Panel:**

Staphylococcus aureus  
 MRSA - Methicillin-resistant Staphylococcus aureus  
 Panton-Valentine leukocidin (PVL) gene

Coagulase-negative Staphylococci  
 Staphylococcus epidermidis  
 Coagulase-negative Staphylococci - methicillin-resistant

Staphylococcal Resistance Genes  
 Aminoglycoside (Staphylococcal)  
 Cephalosporin (Staphylococcal)  
 Erythromycin/Clindamycin (Staphylococcal)  
 Methicillin (Staphylococcal)  
 Tetracycline (Staphylococcal)

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