

**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:

**Skin and Soft Tissue Infection Panel:**

Acinetobacter baumannii  
 Bacteroides spp.  
 Citrobacter freundii  
 Clostridium novyi/septicum  
 Clostridium perfringens  
 Enterobacter aerogenes  
 Enterobacter cloacae  
 Enterococcus faecalis  
 Enterococcus faecium  
 VRE - Vancomycin-resistant Enterococci  
 Escherichia coli  
 Kingella kingae  
 Pseudomonas aeruginosa  
 Staphylococcus aureus  
     MRSA - Methicillin-resistant Staphylococcus aureus  
     Panton-Valentine leukocidin (PVL) gene  
 Staphylococcus lugdunensis  
 Streptococcus pyogenes (Group A)

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