

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:

Urinary Tract Infection Panel:

Acinetobacter baumannii
 Citrobacter freundii
 Enterobacter aerogenes
 Enterobacter cloacae
 Enterococcus faecalis
 Enterococcus faecium
 VRE - Vancomycin-resistant Enterococci
 Escherichia coli
 Klebsiella spp.
 Morganella morganii
 Proteus mirabilis
 Proteus vulgaris
 Pseudomonas aeruginosa
 Staphylococcus saprophyticus

DETECTED
NOT DETECTED
COMMENTS: