

Patient ID:                      DOB:  
Specimen ID:                    Age:  
  Sex:

# Patient Report

Ordering Physician:



## Ordered Items: **Stool Culture**

Date Collected:	Date Received:	Date Reported:	Fasting: <b>No</b>
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## General Comments & Additional Information

Clinical Info: SRC:ST

## Stool Culture

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Salmonella/Shigella Screen <sup>01</sup>	Final report			
Result 1 <sup>01</sup>				
No Salmonella or Shigella recovered.				
Campylobacter Culture <sup>01</sup>	Final report			
Result 1 <sup>01</sup>				
No Campylobacter species isolated.				
E coli Shiga Toxin EIA <sup>01</sup>	Negative			Negative

**Disclaimer**  
The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

**Icon Legend**  
▲ Out of reference range    ■ Critical or Alert

**Performing Labs**  
01: CB - LabCorp Dublin 6370 Wilcox Road, Dublin, OH, 43016-1269 Dir: Vincent Ricchiuti, PhD  
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 800-282-7300

### Patient Details

Phone:  
Date of Birth:  
Age:  
Sex:  
Patient ID:  
Alternate Patient ID:

### Physician Details

**Request A Test, LTD.**  
**7027 Mill Road Suite 201, BRECKSVILLE, OH,**  
**44141**  
Phone:  
Account Number:  
Physician ID:  
NPI:

### Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
**Local** Date Received:  
Date Entered:  
Date Reported:  
Rte: