

Patient's Name: _____

S E R O L O G I C	Tests for	Date of specimen ==> Type of test	Results	Results	Laboratory name
C U L T U R E	Specimen date	Specimen type	Results		Laboratory name
O T H E R L A B	Test	Specimen date	Results	Specimen date	Results
	WBC				
	Diff				
	Platelets				
	AST				
	ALT				
	Other (Specify)				
X R A Y	Type	Date	Results		
C O M M E N T S					

Investigated by: _____ Phone: (____) _____

Agency: _____ Date: _____

