

CMPT07/D/05/2010 *Clostridium difficile* Antigen/Toxin Report Form

Laboratory Name:

Laboratory No:

Specimen No:

Patient No:

Date Received:

Date Reported:

Please indicate below if the *C.difficile* sample is negative or positive for ANTIGEN negative positive not tested for ANTIGEN

ANTIGEN Method (please specify):

Comments:

Please indicate below if the *C.difficile* sample is negative or positive for TOXIN negative positive not tested for TOXIN

TOXIN Method (please specify):

Interpretive Comments: (if applicable)

Signature:

Date: