URINE CHEMISTRY

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ dd / mm / yyyy GENDER: _____

LABRATORY NUMBER: _____ DATE: _____ dd / mm / yyyy

TIME: _____ REPORT DATE: _____ dd / mm / yyyy

MICROBIOLOGY

H. Pylori Ag. (stool) *

- [ ] NEGATIVE : No evidence of active H.pylori infection
- [ ] POSITIVE : Detection of H.pylori specific antigen is supportive evidence of active infection