

<i>Clostridium difficile</i> Report Form			
Laboratory Name:			Laboratory No:
Specimen No:	Patient No:	Date Received:	Date Reported:
<u>Common/GDH ANTIGEN</u>			
Please indicate below if the <i>C.difficile</i> sample is negative <u>or</u> positive (if indeterminate, please indicate in the comments section)			
<input type="checkbox"/> negative	<input type="checkbox"/> positive	<input type="checkbox"/> not tested	
ANTIGEN (Common/GDH) Method (s) - <i>please specify</i> :			
Comments:			
<u>TOXIN or TOXIN Gene</u>			
Please indicate below if the <i>C.difficile</i> sample is negative <u>or</u> positive (if indeterminate, please indicate in the comments section)			
<input type="checkbox"/> negative	<input type="checkbox"/> positive	<input type="checkbox"/> not tested	
<input type="checkbox"/> Isolation Precaution Notification: infection control, ward or designate would normally be notified			
TOXIN/TOXIN Gene Method (s) - <i>please specify</i> :			
Interpretive Comments - if applicable:			
Signature:			Date:

If you have any questions or require clarification regarding on how to report *C.difficile* common/GDH antigen or toxin/toxin gene results, please contact CMPT by phone or e-mail prior to the due date.