Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON

Specimen ID: **OIDWI170000102**

Submitter Information

Institution's Name: **OIDWI170000102**
Institution's Address: **ABC CLINIC**
City: **SAN DIEGO** State: Zip Code: **92123**
Telephone Number:
HAI Coordinator Name: **test est** Investigation ID: **test**

Patient Information

Last Name: **Anton** First Name: **Toma**
Street Address: **10 Fun dr**
City: **Madison** State: **WI** Zip Code: **65656**
Date of Birth: **02/02/1990** Gender: **Female**
Patient ID: **65f**

Sample Collection Facility

Facility Name: **WiLab** Zip Code: **76777**
Clinical Lab ID (CLIA Number): **7676**

Specimen Information

Confirmed Resistance Gene in Index Case:
VIM
Other:
Organism:
Cronobacter sakazakii (organism)
Date / Time Collected: **8/9/2017 8:42:00 PM**
Specimen ID: **test** Specimen Type: **Stool Swab**
WSLH Test Request:
MP00611 Carba-R PCR

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