

Patient's Name (Last, First)		Date of Birth	BACTERIAL CULTURES FOR IDENTIFICATION (Include Actinomyces-like Cultures, Exclude Mycobacteria Cultures)	
Address:		mm dd yy		
		Sex	DESCRIPTION OF SPECIMEN	
Physician's Name :		Date Collected:		
Clinical Condition/Disease:		Onset Date	Check Source: <input type="checkbox"/> Human <input type="checkbox"/> Animal, species: _____ <input type="checkbox"/> Other, specify: _____	
<input type="checkbox"/> Case <input type="checkbox"/> Epidemic <input type="checkbox"/> Sporadic <input type="checkbox"/> Contact <input type="checkbox"/> Carrier				
Return Report To: _____ Name _____ Address _____ Zip _____		Origin of Specimen: <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Sputum <input type="checkbox"/> CSF <input type="checkbox"/> Throat <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Skin		
		Tissue, type: _____ Pus, source: _____ Exudate, source: _____ Wound, location: _____ Other, Specify: _____		
Antibacterial Agents <input type="checkbox"/> None		Submitters Identification:		
Agent	Dosage	Date Begun	Date Complete	IMPORTANT: Enter your Laboratories findings on REVERSE side.

Brief But Complete Case History, Therapy, Outcome (Type or Print)

DO NOT WRITE BELOW THIS LINE

Report of Public Health Laboratory Investigation

Morphology	Hemolysis	Base Used		
Gram stain	Slant	Glucose		
Catalase	TSI: Butt	Levulose		
Oxidase	H ₂ S	Xylose		
Motility	Esculin Hydrolysis	Lactose		
Loeff- Pigmentation	Malonate	Maltose		
er's Proteolysis	Phenylpyruvic Acid	Sucrose		
Gelatin Hydrolysis	Moeller's Lysine	Raffinose		
Litmus milk	Moeller's Arginine	Adonitol		
Citrate	Moeller's Ornithine	Dulcitol		
Indol	ONPG	Glycerol		
Urea Hydrolysis	Acetate	Inositol		
Nitrates	OF Med. Open	Mannitol		
V-P Broth	Glucose Closed	Sorbitol		
	KCN	Salicin		
KEY A = acid G = gas K = alkaline + = positive S = strong - = negative Gr. = growth NGr = no growth () = No. of days	Other Tests or Comments		Organism Identified As:	
	Date Reported		Date Received	

SUBMITTER'S LABORATORY FINDINGS:

Cultures made from original clinical samples were **Pure** **Mixed**

If mixed, list other organisms present: _____

Indicate colony count where applicable (e.g., Urine): _____

Number of times submitted organism: (a) isolated from patient: _____
 (b) transferred in the laboratory: _____

Medium (s) on which primary growth was obtained: _____

Were stained smears or other preparations made directly from clinical material? **Yes** **No**

If yes, was this organism seen: **Yes** **No**

Medium on which organism is being submitted: _____

Date inoculate: _____

Conditions of incubation prior to mailing: Temp: _____; Atmosphere _____; Length _____

Indicated in chart below the results of your laboratory examinations of the pure cultures being submitted using symbols given in the key:

Key		
A = acid	G = Gas	K = alkaline
S = Strong	- = Negative	+ = Positive
Gr = Growth	NGr = No Growth	
() = # of days	Blank = not done	

Fill in as completely as possible.

Morphology			Hemolysis	Base Used			
Gram stain		Slant	Growth:	Glucose			
Catalase		TSI: Butt	MacConkey Agar	Levulose			
Oxidase		H ₂ S	SS Agar	Xylose			
Motility		Esculin Hydrolysis	25°C	Lactose			
Loeffler's Pigmentation		Malonate	35°C	Maltose			
Proteolysis		Phenylpyruvic Acid	42°C	Sucrose			
Gelatin Hydrolysis		Moeller's Lysine	Aerobically	Raffinose			
Litmus milk		Moeller's Arginine	CO ₂	Adonitol			
Citrate		Moeller's Ornithine	Anaerobically	Dulcitol			
Indol		ONPG	NB, 0% NaCl	Glycerol			
Urea Hydrolysis		Acetate	NB, 6% NaCl	Inositol			
Nitrates		OF Med. Open		Mannitol			
V-P Broth		Glucose Closed		Sorbitol			
		KCN		Salicin			

Agglutination Reactions:

Other Tests or Comments: