

BACTERIAL CULTURE FOR IDENTIFICATION
 (Include Actinomyces-like Cultures; Exclude Mycobacteria Cultures)

Please print or type.

State Laboratory number _____

Patient's name (last, first)	Age	Sex	Description of Specimen																	
Address			Date collected _____																	
Physician's name			Check source: <input type="checkbox"/> Human <input type="checkbox"/> Animal—species: _____ <input type="checkbox"/> Other (specify): _____																	
Clinical condition or suspected disease		Date of onset	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																	
<input type="checkbox"/> Case <input type="checkbox"/> Epidemic <input type="checkbox"/> Sporadic <input type="checkbox"/> Contact <input type="checkbox"/> Carrier			Tissue, type: _____																	
Return report to: Name _____			Pus, source: _____																	
Address _____			Exudate, source: _____																	
ZIP code _____			Wound, location: _____																	
			Other, specify: _____																	
Antimicrobial agents: <input type="checkbox"/> None			Submitter's identification of organism																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Types</th> <th style="width:25%;">Dosage</th> <th style="width:25%;">Date Begun</th> <th style="width:25%;">Date Completed</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Types	Dosage	Date Begun	Date Completed												
Types	Dosage	Date Begun	Date Completed																	
Important: Enter your laboratory findings on <i>reverse</i> .																				

Brief but complete case history, therapy, outcome (*print or type*)

Report of State Laboratory Investigation

DO NOT WRITE IN THIS SPACE

<p>KEY A = acid K = alkaline S = strong Gr. = growth NGr. = no growth G = gas * = vial for gas detection + = positive - = negative () = number of days blank = not done</p>	Other tests or comments:	Organism identified as:
		Date received _____ Date reported _____

Submitter's Laboratory Findings

Cultures made from original *clinical sample* were: Pure Mixed

If mixed, list other organisms present: _____

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

Number of times 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 inoculated: _____

Conditions of incubation prior to mailing: Temperature: _____ Atmosphere: _____ Length: _____

Indicate 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	+ = positive
S = strong	- = negative
Gr. = growth	() = number of days
NGr. = no growth	blank = not done

Morphology		Hemolysis		Base Used	
Gram stain	TSI: Slant	Growth:		Glucose	
Catalase	Butt	MacConkey Agar		Levulose	
Oxidase	H ₂ S	SS Agar		Xylose	
Motility	Aesculin Hydrolysis	Cetrimide Agar		Lactose	
Loeffler's Pigmentation	Falkow Lysine	25°C		Maltose	
Proteolysis	Malonate	35°C		Sucrose	
Pseudomonas Agar	F P Phenylpyruvic Acid	42°C		Raffinose	
Gelatin Hydrolysis	Sodium Acetate	Aerobically		Adonitol	
Litmus Milk	Moeller's Lysine Decarboxylase	CO ₂		Dulcitol	
Citrate (Simmons')	Moeller's Arginine Dihydrolyase	Anaerobically		Glycerol	
Indol	Moeller's Ornithine Decarboxylase	Nutri. Br. 0% NaCl		Inositol	
Urea Hydrolysis	ONPG	Nutri. Br. 3% NaCl		Mannitol	
Nitrates	KCN			Sorbitol	
V-P	Mucate			Salicin	
	OF Medium	Open			
	+ Glucose	Closed			

Agglutination reactions

Other tests or comments