

BACTERIAL CULTURE FOR IDENTIFICATION

(Include Actinomyces-like Cultures; Exclude Mycobacteria Cultures)

State Laboratory number

Please print or type.

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					
Return report to: Name			Tissue, type: _____		
Address			Pus, source: _____		
ZIP code			Exudate, source: _____		
Antimicrobial agents: <input type="checkbox"/> None			Wound, location: _____		
Types	Dosage	Date Begun	Date Completed	Other, specify: _____ Submitter's identification of organism _____ _____ _____	
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

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	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 organ submitted: (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	Growth: MacConkey Agar SS Agar	Glucose	
Catalase		Levulose	
Oxidase		Xylose	
Motility	Cetrimide Agar	Lactose	
Loeffler's Pigmentation	25°C	Maltose	
Proteolysis	35°C	Sucrose	
Pseudomonas F	42°C	Raffinose	
Agar P	Aerobically	Adonitol	
Gelatin Hydrolysis	CO ₂	Dulcitol	
Litmus Milk	Anaerobically	Glycerol	
Citrate (Simmons')	Nutri. Br. 0% NaCl	Inositol	
Indol	Nutri. Br. 3% NaCl	Mannitol	
Urea Hydrolysis		Sorbitol	
Nitrates		Salicin	
V-P	OF Medium Open		
	+ Glucose Closed		
Agglutination reactions	Other tests or comments		