

Reference Bacteriology Culture Identification State Form 35898 (R4/10-07)

CLIA Certified Laboratory #15D0662599

(317) 921-5500

Mail/Fax Copy of the Report to Communicable Disease.

RETURN THIS ORIGINAL FORM WITH THE SPECIMEN, NOT A COPY.

		REQUIRE	D PATIENT INFORMATION
Name (Last, F	First, Middle)		
Address			
Age	Gender	Date of Onset	Physician
Diagnosis	I		
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REQUIRED CULTURE INFORMATION								
Isolation Source		Date Isolated	Date Submitted					
EXAMINAT	ION REQUESTED	Organism Suspected						
Identification	Confirmation							

SUBMITTER INFORMATON

Facility Name				
Address				
City	IN	Zip Code	Phone Number	Fax Number
Comments:				

DO NOT WRITE BELOW THIS LINE

FINAL REPORT

Comments:		
Lab Number	Date Specimen Received	Date of Final Report

INSTRUCTIONS

Submission of Cultures - PROVIDE OWN APPROVED MAILING CONTAINER. All mailing containers must also conform to postal and D.O.T. laws for shipping "Category A, Biological Substances". The ISDH will reserve the right to refuse and/or discard any specimen(s) received in an inadequate or unsafe container. Submit only <u>PURE CULTURES</u> that are to be identified. Mixed cultures will not be accepted. It is best to make submissions on low carbohydrate medium free of excess moisture. For <u>ANAEROBES</u> use stab cultures in a low carbohydrate medium or sealed chopped meat broth. <u>FASTIDIOUS ORGANISMS</u> can be sent as a heavy growth or either a blood agar or heart infusion slant.

DO NOT SEND CULTURES ON PETRI PLATES

Complete the top portion of this form. After packing the specimen in the inner container, wrap form around it, insert into the outer container, and affix the screw cap.

- 1. The Reference Bacteriology Section services are available to Indiana medical facilities.
- 2. An effort on the part of the submitting laboratory to identify the isolate must have been made and those results made available to us upon request.
- 3. Specimens without a patient name/ID will be considered unsatisfactory and may not be tested.

RE	REFERENCE BACTERIOLOGY WORKSHEET					
Date Received	Date Set Up	Lab Number				

DATE OF OBSERVATION / INITIAL										
TEST READ DATE						TEST READ DATE				
TEST SET DATE						TEST SET DATE				

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6 5% SALLIOLERANCE					
METHYLENE BLUE HYDROL					
HIPPURATE HYDROL					
TELLURITE / TETRAZOLIUM					
6 ug VAN/ML GROWTH					

(+)positive (-)negative (A)acid (K)alkaline (pep)peptonization (±)weak,slight positive (d)delayed (S)sensitive growth

(R)resistant growth (IR)indicator reduced (W)weak (NG)no growth (NR)no reaction (mm)millimeter