| Name (Last, First, Middle) |  |  |
| :--- | :--- | :--- | :--- |
| Address | Date of Onset | Physician |
| Age | Gender |  |
| Diagnosis |  |  |


|  | REQUIRED CULTURE INFORMATION |  |  |
| :--- | :--- | :--- | :--- |
| Isolation Source | Date Isolated | Date Submitted |  |
| EXAMINATION REQUESTED | Confirmation | Organism Suspected |  |
| Identification |  |  |  |


| Facility Name |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Address | SUBMITTER INFORMATON |  |  |  |
| City | IN Code | Phone Number | Fax Number |  |
| Comments: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |


| DO NOT WRITE BELOW THIS LINE | FINAL REPORT |  |  |  |  |  |  |
| :--- | :--- | :--- | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| Comments: | Date Specimen Received | Date of Final Report |  |  |  |  |  |
| Lab Number |  |  |  |  |  |  |  |

## 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 PURE CULTURES 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 ANAEROBES use stab cultures in a low carbohydrate medium or sealed chopped meat broth. FASTIDIOUS ORGANISMS 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.

DATE OF OBSERVATION / INITIAL

(+)positive
(-)negative
(A)acid
(K)alkaline (pep)peptonization
( $\pm$ )weak,slight positive (d)delayed
(S)sensitive growth
(R)resistant growth (IR)indicator reduced (W)weak (NG)no growth (NR)no reaction (mm)millimeter

