

Public Health Laboratory Microbiology Supplemental Form

Patient Information. Please, Type or PRINT;

Name (last) _____ (first) _____ (initial) _____ DOB ____ / ____ / ____

Cultures made from original clinical sample were: Pure Mixed

If mixed, list other organisms present: _____

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

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

Gram stain characteristics from culture:

Medium on which organism is being submitted: _____

Date inoculated: _____

Conditions of incubation prior to shipment: Temperature: _____

Atmosphere: _____

Length of incubation: _____

Indicate in the 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	M = Motile
blank = not done	NM = Non-Motile

Name of evaluator from submitting clinical laboratory:

Phone number: _____

Morphology		Growth and Colony description:	
Gram stain		MacConkey agar growth	
Capsule smear - Direct clinical specimen		CNA or PEA agar growth	
Capsule smear - Culture		MTM/TM agar growth	
Other stain: _____		BCYE agar growth	
Catalase		Regan-Lowe agar growth	
Oxidase		CIN agar growth	
Indole		BAP growth at 25-30°C	
Nitrates		BAP growth at 35-37°C	
Urease		BAP growth at 42°C	
Arginine		Hemolysis (β, α, γ)	
V-P		TSI: Slant Butt H2S	
Motility 25-28°C			
Motility 35-37°C			
Satellite		Other biochemical tests performed:	
Beta-lactamase			
Loeffler's: Pigmentation			
Proteolysis			
Test/Platform:			
<input type="radio"/> API	<input type="radio"/> PCR	<input type="radio"/> Vitek	
<input type="radio"/> BioFire	<input type="radio"/> MicroScan WalkAway	<input type="radio"/> Other (specify):	
<input type="radio"/> MALDI TOF	<input type="radio"/> Phoenix		