



BACTERIAL CULTURE FOR IDENTIFICATION

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(Include Actinomyces-like cultures. Exclude Mycobacteria cultures)

| | | | | | |
|--|-----|--------|---|--|--|
| Patient's Name (Last, First, M.I.) | | | SPECIMEN INFORMATION | | |
| Address: | | | Submitter's Specimen ID: | | |
| Patient Medical Number: | | | Date Collected: | | |
| County of Residence: | | | Time Collected: | | |
| Date of Birth | Age | Gender | Check Source: Human <input type="checkbox"/> Animal <input type="checkbox"/> Species: _____ | | |
| Return Report to: Name: | | | Origin of Specimen: | | |
| Address: | | | <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Sputum <input type="checkbox"/> CSF <input type="checkbox"/> Throat <input type="checkbox"/> Pus | | |
| Phone Number: | | | <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Skin <input type="checkbox"/> Tissue Type _____ | | |
| Fax Number: | | | <input type="checkbox"/> Other, Specify _____ | | |
| Physician's Name/NPI# : | | | Brief Case History, Therapy, Outcome: | | |
| Clinical Condition or Suspected Disease | | | | | |
| Date of Onset | | | SUBMITTER'S IDENTIFICATION OF ORGANISM: | | |
| <input type="checkbox"/> Case <input type="checkbox"/> Epidemic <input type="checkbox"/> Contact | | | | | |
| SUBMITTER'S LABORATORY FINDINGS: | | | | | |
| GRAM STAIN: | | | Culture made from original sample were: Pure <input type="checkbox"/> Mixed <input type="checkbox"/> | | |
| BIOCHEMICAL REACTIONS: | | | If mixed, list other organisms present: | | |
| Oxidase: Positive <input type="checkbox"/> Negative <input type="checkbox"/> | | | Medium(s) on which primary growth was obtained: | | |
| Catalase: Positive <input type="checkbox"/> Negative <input type="checkbox"/> | | | Medium in which organism is being submitted: _____ | | |
| Motility: Positive <input type="checkbox"/> Negative <input type="checkbox"/> | | | METHOD OF IDENTIFICATION: | | |
| Urea: Positive <input type="checkbox"/> Negative <input type="checkbox"/> | | | | | |
| Other significant test results: | | | | | |

DO NOT WRITE IN THE SPACE BELOW

REPORT OF THE SAN BERNARDINO COUNTY LABORATORY INVESTIGATION

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|-----------------------|-----------------------|-----------------------------------|
| MORPHOLOGY | PCR RESULTS | COUNTY LABORATORY IDENTIFICATION |
| BIOCHEMICAL REACTIONS | SENT TO REFERENCE LAB | REFERENCE LABORATORY FINAL REPORT |