

LAB NUMBER

Patient's Name (Last, First)		Date of Birth	ACID FAST CULTURE FOR IDENTIFICATION (MYCOBACTERIA)		
Address:		mm dd yy			
		Sex	DESCRIPTION OF SPECIMEN		
Physician's Name :		Date Collected:		Check Source:	
Clinical Condition/Disease:		Onset Date		<input type="checkbox"/> Human <input type="checkbox"/> Animal, species: _____ <input type="checkbox"/> Other, specify: _____	
<input type="checkbox"/> Case <input type="checkbox"/> Diagnostic specimen					
Return Report To:	()			Origin of Specimen:	
Name				<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	
Address				Tissue, type: _____	
Zip				Pus, source: _____	
Was Tuberculin Skin testing done? <input type="checkbox"/> Yes <input type="checkbox"/> No		Submitters Identification:			
Results:	OT _____ mm	PPD-B _____ mm	IMPORTANT: Enter your Laboratories findings on REVERSE side.		
	PPD-S _____ mm	PPD-G _____ mm			
	PPD-Y _____ mm	Other, specify _____			
X-ray changes present? <input type="checkbox"/> Yes <input type="checkbox"/> No		Brief But Complete Case History, Therapy, Outcome (Type or Print)			
Chemotherapy Types	<input type="checkbox"/> none	Dosage	Date begun	Date complete	

DO NOT WRITE BELOW THIS LINE

REPORT OF PUBLIC HEALTH LABORATORY

COLONY MORPHOLOGY	7H10:				
	Lowenstein Jensen:				
CELLULAR MORPHOLOGY & ACID FASTNESS	ZN Stain:				
	Kinyon:				
GROWTH RATE	35°C:		25°C:		
	Other, Specify Temp:				
PIGMENT	35°C in Dark:		35°C in Light:		
	25°C in Dark:		25°C in Light:		

BIOCHEMICAL AND DNA PROBE RESULTS

NIACIN		MacCONKEY W/O CRYSTAL VIOLET		DNA PROBE	
NITRATE		IRON UPTAKE		<i>M. tuberculosis</i> complex	
CATALASE RT/68°		5% NaCl		<i>M. avium</i> complex	
TWEEN		CARBON UTILIZATION		<i>M. kansasii</i>	
ARYLSULFATASE: 3 day		SODIUM CITRATE		<i>M. goodii</i>	
TELLURITE		INOSITOL			
UREA		MANNITOL			
		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:

How many colonies of this organism on primary isolation? 1-10 10-25 25-50 Over 50

How frequently has this organism been recovered? Once only 2-5 times Over 5 times

Was *M. tuberculosis* ever recovered from the patient prior to this specimen? Yes No

Was the submitted organism seen in stained smears made directly from clinical material? Yes No

Medium on which organism is being submitted: _____

Date inoculated:

Conditions of incubation prior to mailing: Temperature _____ Atmosphere _____.

Indicate in chart below the RESULTS OF YOUR LABORATORY examination of the pure culture being submitted.

CELLULAR MORPHOLOGY & ACID FASTNESS	ZN Stain:			
	Kinyon:			
GROWTH RATE	35°C:	25°C:		
	Other, Specify Temp:			
PIGMENT	35°C in Dark:	35°C in Light:		
	25°C in Dark:	25°C in Light:		
BIOCHEMICAL AND DNA PROBE RESULTS				
NIACIN		MacCONKEY W/O CRYSTAL VIOLET		DNA PROBE
NITRATE		IRON UPTAKE		<i>M. tuberculosis</i> complex
CATALASE RT/68°		5% NaCl		<i>M. avium</i> complex
TWEEN		CARBON UTILIZATION		<i>M. kansasii</i>
ARYLSULFATASE: 3 day		SODIUM CITRATE		<i>M. gordonae</i>
TELLURITE		INOSITOL		
UREA		MANNITOL		
		ORGANISM IDENTIFIED AS:		

Other tests or Comments