Public Health Laboratory, County of Santa Clara 2220 Moorpark Avenue, Rm. 2nd Flr., San Jose, CA 95128 Public Health Label Area Phone: (408) 885-4272 Fax: (408) 885-4275 Place Label Here CLIA No.: 05D0643967 Patricia A. Dadone, Director Patient's Name (Last, First) DOB BACTERIAL CULTURE FOR IDENTIFICATION (Include Actinomyces-Like Cultures; Exclude Mycobacteria Cultures) DESCRIPTION OF SPECIMEN Address Sex **Date Collected** Check Source: ☐ Animal, species: _____ ☐ Human ☐ Other, specify: ___ Physician's Name Clinical Condition or Suspected Disease **Date of Onset** Origin of Specimen: ☐ Blood ☐ CSF Serum Sputum ☐ Case ☐ Epidemic ☐ Sporadic ☐ Contact □ Carrier ☐ Throat ☐ Urine Feces ☐ Skin Return Tissue, Type: _ Report Pus, Source: _ To: Exudate, Source: Wound, Location: __ Name. Address, Other, Specify: ___ SUBMITTER'S IDENTIFICATION OF ORGANISM Zip None Antimicrobial Agents: Date Date Completed Begun Types Dosage IMPORTANT: **Enter Your Laboratory Findings on REVERSE Side** Brief But Complete Case History, Therapy, Outcome (Type or Print) PUBLIC HEALTH LABORATORY RESULTS Morphology Hemolysis Base Used Gram Stain TSI: Slant Glucose Growth: Catalase Butt MacConkey Agar Levulose H_2S Oxidase SS Agar Xylose Aesculin Hydrolysis Motility Cetrimide Agar Lactose Falkow Lysine 25° C Loeff -ler's Pigmentation Maltose 35° C Proteolysis Malonate Sucrose Pseudomonas F 42° C Phenylpyruvic Acid Raffinose Agar P Sodium Acetate Nutri. Br. 0% NaCl Adonitol Moeller's Lysine Gelatin Hydrolysis Nutri Br. 3% NaCl Dulcitol Decarboxylase Moeller's Arginine Litmus Milk Nutri Br. 6.5% NaCl Glycerol Dihydrolase Moeller's Ornithine Citrate (Simmons) Anaerobically Inositol Decarboxylase Indol **ONPG** Mannitol Urea Hydrolysis OF Medium Open Sorbitol Nitrates + Glucose Closed Salicin **Organism Identified As:** MR/VP Key Other Tests or Comments: A = acidK = alkalineS = strongGr. = growth NGr. = no growthG = gas* = vial for gas detection + = positiveDate Reported Initials - = negative () = # of daysBlank = not done

SUBMITTER'S LABORATORY FINDINGS:

If mixed, list other or		Pure Mixed		
Number of times submi		from patient:		
Medium(s) on which pr	imary growth was obtained:			
Were stained smears or If yes, was this organ	other preparations made <i>directly</i> nism seen? Yes	from clinical material?	Yes No	
Medium on which organ	nism is being submitted:			
Date inoculated:				
Conditions of incub	ation prior to mailing: Ter	np; Atmosphere; Length		
Indicate in chart below	the results of your laboratory exa	uminations of the pure cultures be	ing submitted using sy	mbols given in the Key:
	(KEY)			
A = Acid K = Alkaline S = Strong G = Gas	NGr. = No Growth (= Vial for Gas Detection) = # of Days LANK = Not Done		
	F	ill in as completely as possible		
Morphology		Hemolysis	Base Used	
Gram Stain	TSI: Slant	Growth:	Glucose	
Catalase	Butt	MacConkey Agar	Levulose	
Oxidase Motility	H ₂ S Aesculin Hydrolysis	SS Agar	Xylose Lactose	
		Cetrimide Agar		
Pigmentation Proteolysis	Falkow Lysine	25° C	Maltose	
Proteolysis	Malonate	35° C	Sucrose	
Pseudomonas F	Phenylpyruvic Acid	42° C	Raffinose	
Agar P	Sodium Acetate	Nutri. Br. 0% NaCl	Adonitol	
Gelatin Hydrolysis	Moeller's Lysine Decarboxylase	Nutri Br. 3% NaCl	Dulcitol	
Litmus Milk	Moeller's Arginine Dihydrolase	Anaerobically	Glycerol	
Citrate (Simmons)	Moeller's Ornithine Decarboxylase		Inositol	
Indol	ONPG		Mannitol	
Urea Hydrolysis	KCN		Sorbitol	
Nitrates	Mucate		Salicin	
V-P	OF Medium Open			
A adutination Desetions	+ Glucose Closed	or Comments:		
Agglutination Reactions	Other tests	or Comments.		