



MICROBIOLOGY REQUISITION

SPECIMEN TYPE

- | | | |
|--|--|---|
| <input type="checkbox"/> BACTERIAL CULTURE | <input type="checkbox"/> ANAEROBIC CULTURE | URINE: |
| <input type="checkbox"/> FUNGAL CULTURE | <input type="checkbox"/> CLOSTRIDIUM DIFFICILE | <input type="checkbox"/> MSU |
| <input type="checkbox"/> OVA & PARASITES | <input type="checkbox"/> OTHER | <input type="checkbox"/> CSU |
| | | <input type="checkbox"/> I/CATH |
| | | <input type="checkbox"/> OTHER- specify |
| <input type="checkbox"/> VRE SCREEN | <input type="checkbox"/> MRSA SCREEN | |

CLINICAL INFORMATION:

ANTIBIOTICS IN USE:

CR# _____ Health Card # _____
Surname: _____ First Name: _____
Address: _____
City: _____
Date of Birth: _____ YYYY/MM/DD Gender: _____
Attending Physician: _____
Date Collected: _____ YYYY/MM/DD Date Received: _____ YYYY/MM/DD
Time Collected: _____ hrs **Time Received:** _____ hrs
Collected By: _____ Received by: _____
Location: _____

FOR LAB USE ONLY - DO NOT WRITE BELOW THIS LINE

TECH/DATE	GRAM STAIN	CONC. SPEC	SEC	PMN	Q-SCORE	LACTO	GARD/BACT	MOBILU	TOTAL SCORE
	PMN _____	RBC _____	G+C _____	G+B _____	SALIVARY CONTAMINATION				
	SEC _____	LEU _____	G-C _____	G-B _____	TRICH	YEAST	N.VAG	I.VAG	B.VAG
	LRC _____	NOS _____	G-CB _____	YST _____					

Report:

RISK MANAGEMENT/TELEPHONE RESULTS