State of California—Health and Human Services Agency

Department of Health Services

BACTERIAL CULTURE FOR IDENTIFICATION
(Include Actinomyces-like Cultures; Exclude Mycobacteria Cultures)

Please print or type.

State Laboratory number

Patient's name (last, first) | Age | Sex

Address

Physician's name | Submitting Laboratory

Clinical condition or suspected disease | Date of onset

☐ Case ☐ Epidemic ☐ Sporadic ☐ Contact ☐ Carrier

Return report to:

Name

Address

J. Michael Janda, Ph.D, Director
Los Angeles County Public Health Laboratory
12750 Erickson Avenue Rm. #167
Downey, CA 90242

ZIP code 562-658-1330 FAX 562-401-5999

Description of Specimen

Date collected

Check source:

☐ Human ☐ Animal—species: _____

☐ Other (specify): _____

Origin of specimen:

☐ Blood ☐ Serum ☐ Sputum ☐ CSF

☐ Throat ☐ Urine ☐ Feces ☐ Skin

Tissue, type: _____

Pus, source: _____

Exudate, source: _____

Wound, location: _____

Other, specify: _____

Submitter's identification of organism

Submitting Lab: | Public Health Lab:

Important: Enter your laboratory findings on ***reverse***.

Antimicrobial agents: ☐ None

Types	Dosage	Date Begun	Date Completed

Brief but complete case history, therapy, outcome ***(print or type)***

Report of State Laboratory Investigation

DO NOT WRITE IN THIS SPACE

KEY

A = acid
K = alkaline
S = strong
Gr. = growth
NGr. = no growth
G = gas
* = vial for gas detection
+ = positive
− = negative
( ) = number of days
blank = not done

Other tests or comments:

Organism identified as:

Date received | Date reported

LAB 446 (6/03) (MDL-N-11)

Submitter's Laboratory Findings

Cultures made from original *clinical sample* were: ☐ Pure ☐ Mixed

If mixed, list other organisms present: _____

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

Number of times organ submitted: (a) isolated from patient: _____

(b) transferred in the laboratory: _____

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

Medium on which organism is being submitted: _____

Date inoculated: _____

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

PH Lab: Temperature: _____ Atmosphere: _____ Length: _____

Indicate in 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	blank = not done

Morphology			**Hemolysis**		**Base Used**		
Gram stain		TSI: Slant	Growth:		Glucose		
Catalase		Butt	MacConkey Agar		Levulose		
Oxidase		H_2S	SS Agar		Xylose		
Motility		Aesculin Hydrolysis	Cetrimide Agar		Lactose		
Loeffler's Pigmentation		Falkow Lysine	25°C		Maltose		
Proteolysis		Malonate	35°C		Sucrose		
Pseudomonas F		Phenylpyruvic Acid	42°C		Raffinose		
Agar P		Sodium Acetate	Aerobically		Adonitol		
Gelatin Hydrolysis		Moeller's Lysine Decarboxylase	CO_2		Dulcitol		
Litmus Milk		Moeller's Arginine Dihydrolase	Anaerobically		Glycerol		
Citrate (Simmons')		Moeller's Ornithine Decarboxylase	Nutri. Br. 0% NaCl		Inositol		
Indol		ONPG	Nutri. Br. 3% NaCl		Mannitol		
Urea Hydrolysis		KCN			Sorbitol		
Nitrates		Mucate			Salicin		
V-P		OF Medium Open					
		+ Glucose Closed					

Agglutination reactions

Other tests or comments