

1. Last Name	First Name	MI
2. Patient Number (Soc. Security No.)		H
Submitter Laboratory/Medical Record #:		
3. Address	4. Date of Birth	
Zip Code	Month	Day Year
5. Race <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. American Indian <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. Native Hawaiian/Pacific Islander <input type="checkbox"/> 6. Unknown		
6. Hispanic or Latino Origin: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown		
7. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	8. Co. of Residence	
9. Medicaid Client <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter #		

**DO NOT WRITE IN THIS SPACE**

LABORATORY NUMBER

DATE RECEIVED

North Carolina  
 Department of Health and Human Services  
**State Laboratory of Public Health**  
 Leslie Wolf, Ph.D., Director  
 Microbiology Branch  
 306 N. Wilmington St. • P.O. Box 28047  
 Raleigh, NC 27611-8047  
 Phone: (919) 733-7367  
 Fax: (919) 733-8695

**PLEASE GIVE ALL INFORMATION REQUESTED**

**SPECIMEN TYPE:**  ISOLATED ORGANISM\*\*  SMEAR  CLINICAL\*

\*Fill out reverse of form

DATE SPECIMEN COLLECTED		
M	D	Y

**EXAMINE FOR:**

GC  N. MENINGITIDIS GROUP  H. INFLUENZAE TYPE

BORDETELLA PCR  BORDETELLA CULTURE  LEGIONELLA DFA

LEGIONELLA CULTURE  REFERENCE ID\*\*

\*\*Describe organism \_\_\_\_\_

**SPECIMEN SOURCE:**

BLOOD  CSF  URINE  SPUTUM  NP  BRONCH WASH

BRONCH LAVAGE  BRONCH BRUSH  THROAT

STERILE BODY FLUID  WOUND-SITE \_\_\_\_\_

GENITAL-SITE \_\_\_\_\_  OTHER \_\_\_\_\_

**SPECIAL/ATYPICAL BACTERIOLOGY**

**LABORATORY REPORT (DO NOT WRITE BELOW)**

**IDENTIFICATION**

GRAM STAIN

HIA  
ACTION ON BLOOD  
TSI: SLANT/BUTT

H2S: TSI BUTT  
HS2: LEAD AC  
PAPER

OXIDASE  
CATALASE

ACETAMIDE  
ACETATE  
AGAR ADHERENCE  
BILE ESCULIN  
BILE SOLUBILITY  
CETRIMIDE  
CITRATE  
COAG.: SLIDE  
TUBE

DMSO OXIDASE  
ESCULIN  
FLAGELLA  
FLO  
GAS/GLU M.R.S.  
GELATIN  
INDOL  
LAP  
LECITHINASE  
LITMUS MILK  
MACCONKEY  
MOTILITY  
MR  
NITRATE  
NITRITE  
ONPG

PA  
PIGMENT  
PYR  
PYRUVATE  
STARCH  
STRING TEST  
SS  
TECH  
UREA  
VP  
3% KOH GEL

DECARBOXYLASES:  
ARGININE  
LYSINE  
ORNITHINE

BASE:  
ARABINOSE  
FRUCTOSE  
GLUCOSE  
INULIN  
LACTOSE  
MALTOSE  
MANNITOL  
MANNOSE  
MELIBIOSE  
RAFFINOSE  
SALICIN  
SORBITOL  
SUCROSE  
TREHALOSE  
TURANOSE  
XYLOSE

**DATE REPORTED:** \_\_\_\_\_ **By** \_\_\_\_\_

REPORT TELEPHONED TO: \_\_\_\_\_ **By** \_\_\_\_\_

CULTURE REPORT TO FOLLOW

FINAL CULTURE REPORT \_\_\_\_\_ **By** \_\_\_\_\_

SENT TO CDC FOR FURTHER TESTING

CULTURE SHOWS NO BACTERIAL GROWTH  NONVIABLE ISOLATE

GROSSLY MIXED CULTURE

DIRECT FA STAIN FOR \_\_\_\_\_  
 POSITIVE  NEGATIVE (DFA STAIN IS A PRESUMPTIVE TEST)

CULTURE FOR BORDETELLA  POSITIVE  NEGATIVE

CULTURE FOR LEGIONELLA  POSITIVE  NEGATIVE

PCR FOR BORDETELLA  POSITIVE  NEGATIVE

**SPECIMEN UNSATISFACTORY:**  \_\_\_\_\_

BROKEN/LEAKED IN TRANSIT  SPECIMEN UNLABELED

QUANTITY INSUFFICIENT  SPECIMEN IMPROPERLY PREPARED

NO SPECIMEN  FORM IMPROPERLY PREPARED

%NACL: 0% 6% 6.5% 8% 10%

GROWTH TEMP.: 10C 25C 35C 42C 45C

SEROLOGICAL GROUP \_\_\_\_\_ GROWTH ON MEDIA:  CA  SBA  MAC  GCLT  RAB

DNA PROBE \_\_\_\_\_

DNASE \_\_\_\_\_

AMYLOSUCRASE \_\_\_\_\_

NUT. AGAR 35C/AIR \_\_\_\_\_

GONOCHEK \_\_\_\_\_

GONOGEN \_\_\_\_\_

ANTIBIOTIC DISCS:  
 VANCOMYCIN  
 POLYMYXIN B  
 NOVOBIOCIN  
 FURAZOLIDONE  
 OPTOCHIN  
 COLISTIN  
 PENICILLIN

Comments:

PLEASE PROVIDE THE FOLLOWING CLINICAL OR EPIDEMIOLOGIC INFORMATION

ANY ASSOCIATED ILLNESS \_\_\_\_\_ DATE OF ONSET \_\_\_\_\_

PERTINENT CLINICAL FINDINGS \_\_\_\_\_ SYMPTOMS \_\_\_\_\_

PREVIOUS LABORATORY RESULTS \_\_\_\_\_

EPIDEMIOLOGICAL DATA:  SINGLE CASE  SPORADIC  CONTACT  EPIDEMIC  CARRIER  ANIMAL CONTACT \_\_\_\_\_

FOREIGN OR DOMESTIC TRAVEL? WHERE? \_\_\_\_\_ WHEN? (WITHIN LAST YEAR ) \_\_\_\_\_

OTHER \_\_\_\_\_

INSTRUCTIONS

PURPOSE: Isolation, identification, confirmation, further studies of human disease-producing mycobacteria.

PREPARATION: Collect specimen following instructions in SCOPE, using recommended collection kits. Label each specimen tube, subculture, or smear with patient's name and your laboratory number if appropriate. Fill out this form and send in appropriate mailer with the specimen to State Laboratory of Public Health. Place form in **outer** container. Do not send without label (patient name) on specimen or without form. Forms must be printed from Web site.

PREPARATION OF FORM: *Left Upper Portion of Form.* Item 1. Enter patient's name, last name first, first name, and middle initial or maiden name initial, if female. Item 2. Enter patient's social security number. ***This is the identifying number for that patient.*** If the patient has no social security number, please indicate on form and include submitter laboratory/medical record number. Item 3. Enter patient's **home** address on lines immediately below. This information is required for epidemiologic follow-up. Item 4. Enter date of birth (not age). Items 5, 6, and 7. Indicate race, Hispanic Ethnicity, and sex by checking appropriate box. These data are for statistical purposes only. Item 8. Enter county of residence of patient (Health Departments use county code). Item 9. Indicate if patient is a Medicaid client; if yes, enter Medicaid number. Item 10. Indicate if patient is a Family Planning or EPSDT client by checking box. Enter submitter federal tax number or social security number in blank. **ALSO ENTER RETURN ADDRESS OF SUBMITTER** in box under "Send Report To:".

*Right Upper Portion of Form.* Specimen Type: Check appropriate box. Date Specimen Collected: Enter date as indicated. Examine For: Suspected disease or type examination required. Specimen Source: Check appropriate box. Symptoms/Epidemiological Information: Check appropriate box(es). Provide any further information listed at top of this page.

***Do not write in space below "Laboratory Report."***

DISPOSITION: This form may be destroyed in accordance with Standard 5, Patient Clinical Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.