

CULTURE FOR IDENTIFICATION—MYCOBACTERIA



Patient's name (last, first) Address Physician's name Clinical condition or suspected disease <input type="checkbox"/> Case <input type="checkbox"/> Diagnostic specimen Return report to: <input type="checkbox"/> Name Address City/State/ZIP L Was Tuberculin skin testing done? <input type="checkbox"/> Yes <input type="checkbox"/> No Results: OT _____ mm PPD-B _____ mm PPD-S _____ mm PPD-G _____ mm PPD-Y _____ mm Other (specify): _____ X-ray changes present? <input type="checkbox"/> Yes <input type="checkbox"/> No Chemotherapy <input type="checkbox"/> None		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Description of Specimen</th> </tr> <tr> <td style="width:50%;">Date collected:</td> <td style="width:50%;"></td> </tr> <tr> <td colspan="2">Check source:</td> </tr> <tr> <td><input type="checkbox"/> Human</td> <td><input type="checkbox"/> Animal (species) _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td colspan="2">Check box which describes the specimen from which the submitted culture was obtained.</td> </tr> <tr> <td><input type="checkbox"/> Blood</td> <td><input type="checkbox"/> Gastric</td> <td><input type="checkbox"/> Sputum</td> <td><input type="checkbox"/> CSF</td> </tr> <tr> <td><input type="checkbox"/> Throat</td> <td><input type="checkbox"/> Urine</td> <td><input type="checkbox"/> Feces</td> <td><input type="checkbox"/> Skin</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Tissue (type): _____</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Pus (source): _____</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Exudate (source): _____</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Wound (location): _____</td> </tr> <tr> <td colspan="4">Submitter's identification of organism</td> </tr> <tr> <td colspan="4" style="text-align: center;">IMPORTANT: Enter your laboratory findings on reverse side.</td> </tr> <tr> <td colspan="4">Brief case history, therapy, outcome</td> </tr> </table>	Description of Specimen		Date collected:		Check source:		<input type="checkbox"/> Human	<input type="checkbox"/> Animal (species) _____	<input type="checkbox"/> Other (specify) _____		Check box which describes the specimen from which the submitted culture was obtained.		<input type="checkbox"/> Blood	<input type="checkbox"/> Gastric	<input type="checkbox"/> Sputum	<input type="checkbox"/> CSF	<input type="checkbox"/> Throat	<input type="checkbox"/> Urine	<input type="checkbox"/> Feces	<input type="checkbox"/> Skin	<input type="checkbox"/> Tissue (type): _____				<input type="checkbox"/> Pus (source): _____				<input type="checkbox"/> Exudate (source): _____				<input type="checkbox"/> Wound (location): _____				Submitter's identification of organism				IMPORTANT: Enter your laboratory findings on reverse side.				Brief case history, therapy, outcome			
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DO NOT WRITE BELOW THIS LINE

Report of State Laboratory Investigation

Colony	7H10						
Morphology	Lowenstein Jensen						
Cellular Morphology and Acid Fastness:							
Growth	35°	Urease					
	25°	5% NaCl					
	30°						
	42°	Sodium citrate					
Pigment:	in dark	Inositol					
	in light	Mannitol					
Niacin							
Tween hydrolysis		Pyrazinamidase					
Nitrate reduction							
Catalase:	68°	Probe					
	Quantity						
Arylsulfatase:	3 day						
	2 week						
Tellurite reduction change		HPLC					
MacConkey agar		Pattern					
Iron uptake		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 the chart below the results of your laboratory examinations of the pure culture being submitted.

Colony	7H10
Morphology	Lowenstein Jensen

Cellular Morphology and Acid Fastness:

Growth	35°	Urease				
	25°	5% NaCl				
	30°					
	42°	Sodium citrate				
Pigment:	in dark	Inositol				
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Tellurite reduction change		HPLC				
MacConkey agar		Pattern				
Iron uptake		Organism identified as:				

Other tests or comments: