

FUNGUS CULTURE FOR IDENTIFICATION

State Laboratory number

Please print or type.

Patient's name (last, first)	Age	Sex	Description of Specimen			
Address			Date collected			
Physician's name	<input type="checkbox"/> Case <input type="checkbox"/> Diagnostic specimen		Check source: <input type="checkbox"/> Human <input type="checkbox"/> Animal (species): _____ <input type="checkbox"/> Other (specify): _____			
Clinical condition or suspected disease	Date of onset		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			
Return report to: Name _____ Address _____ ZIP code _____			Tissue (type): _____ Pus (source): _____ Exudate (source): _____ Wound (location): _____ Other (specify): _____			
Brief case history, therapy, outcome			Submitter's identification of organism:			
(Continue on reverse if necessary.)			IMPORTANT: Enter your laboratory findings on reverse side.			
			Was skin testing done? <input type="checkbox"/> Yes <input type="checkbox"/> No Results: Coccidioidin _____ Histoplasmin _____ Other (specify): _____			
			Antifungal or antibacterial agents: <input type="checkbox"/> None			
Travel and Residence Locations		Date	Types	Dosage	Date Begun	Date Complete
USA						
Foreign						
Animal contacts (species):						

DO NOT WRITE BELOW THIS LINE
Report of State Laboratory Investigation

Medium	Growth Rate		Pigment		Colony morphology on Sabouraud medium		Microscopic Characteristics	
	25-30°	37°	Surface	Reverse	Sabouraud medium	Age: _____	Medium: _____	Age: _____
SC								
SCC								
BBHI					Ferm.		Assim.	
CM						Dextrose		Accuprobe result for: <input type="checkbox"/> Coccidioides immitis <input type="checkbox"/> Histoplasma capsulatum <input type="checkbox"/> Blastomyces dermatitidis <input type="checkbox"/> POSITIVE <input type="checkbox"/> negative
PDA						Galactose		
CMD						Lactose		
						Maltose		
EMB						Sucrose		
CMT						Trehalose		Other tests or comments:
Urease						Raffinose		
V8 Agar						Melibiose		
Hair Penetration						Cellobiose		
Thiamine						Inositol		
Loeffler						Xylose		Organism identified as:
Gelatin						Dulcitol		
						KNO3		

SC = Sabouraud dextrose agar + chloramphenicol

SCC = Sabouraud dextrose agar + chloramphenicol + cycloheximide

BBHI = Brain heart infusion agar + blood

PDA = Potato dextrose agar

CM = Cornmeal agar

CMD = Cornmeal dextrose agar

CMT = Cornmeal tween agar

V8 = Vegetable juice agar

	Date received
	Date reported

Submitter's Laboratory Findings

Cultures made from original specimen 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 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 the results of your laboratory examinations of the pure culture being submitted:

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