**Sample ID**……………………………………………………………

Name: ………………………………………………………………

IP/OP Number…………………………………………………….

Age: ………………………………. Sex…………………………:

Address: ……………………………………………………

City/Village: ……………………………………………………….

**Requesting Client.** ………………………………………

Diagnosis: ………………………………………………….

Current Antibiotics: …………………………………………

Clinical History:……………………………………………..

Health Facility: ……………………………………………..

|  |
| --- |
| **Test Requested**    Gram stain culture  Others:  …………………………………. |

*(For lab use only)*

**Type of Specimen Submitted**: …………………………………

Source of specimen……………………………………………….

Specimen Collection Date: ………………… Time………………

Collected by ………………………………………………………..

Received in the lab: Date:……………… Time: ………………

Received by: ………………………………………………………

**LABORATORY REPORT:** Specimen Lab No.

**Culture:**

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**Gram Stain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Others:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Preliminary report:** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Technologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Susceptibility Test: Interpretation**: **S**: Sensitive **I***:* Intermediate **R**: Resistant

Organism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ampicillin \_\_\_\_\_\_ Ceftazidime \_\_\_\_\_\_ Clindamycin \_\_\_\_\_\_

Cefazolin \_\_\_\_\_\_ Ciprofloxacin \_\_\_\_\_\_ Co-trimoxazole \_\_\_\_\_\_

Chloramphenicol \_\_\_\_\_\_ Gentamicin \_\_\_\_\_\_ Erythromycin \_\_\_\_\_\_

Ciprofloxacin \_\_\_\_\_\_ Tobramycin \_\_\_\_\_\_ Oxacillin \_\_\_\_\_\_

Co-trimoxazole \_\_\_\_\_\_ Ciprofloxacin \_\_\_\_\_\_ Penicillin \_\_\_\_\_\_

Gentamicin \_\_\_\_\_\_ Piperacillin \_\_\_\_\_\_ Tetracycline \_\_\_\_\_\_

Other drugs………………

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**Final report:** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Technologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_