Reference Bacteriology Shaded area for Laboratory use only. ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400	
Name: Last First MI Laboratory Information Requested: County Health Dept. CHR Number Date of Birth Date of Collected Date of Collected Date Of Collected Date Of Collected Date Of Onset Date of Onset	
Specimen Submitted Is:	
	Throat Nasopharyngeal
Submitted on (medium): Specific Agent Suspected:	
Clinical History:	
Antibiotic Therapy: None Drugs	
Previous Laboratory Results: Carbohydrates: MacConkey Commercial code/ID # Glucose Oxidase	•
Gram Stain Growth Requirements: Xylose Catalase	
☐ Other ☐ Anaerobic ☐ Anaerobic ☐ Citrate ☐ C	
☐ Fermenter ☐ Microaerophilic Sucrose Motility	
□ Non-Fermenter □ Carbon dioxide Maltose ONPG	Other
Reference Bacteriology Report	
☐ Culture Mixed. Specimen is unsatisfactory. Please resubmit.	
☐ Culture nonviable. Please resubmit.	
☐ Specimen broken or leaked in transit. Please resubmit.	
☐ Organism identification/presence or absence of pathogens:	
□ Other:	
Any specimen for Reference Bacteriology testing shipped to this Laboratory must conform to Postal Regulations 42 CFR Part 72.3 - Interstate Shipment of Etiologic Agents. Mail Report to:	
PI	hone:
	. MM DD YY
ADPH-F-CL-421/REV. 5/01 Provider Number	Analyst Date Reported

Provider Number