

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

Specimen Submitted Is: ☐ Original Material ☐ Pure Isolate ☐ Outbreak-Associated ☐ Food-Associated

☐ Wound (Site) _____ ☐ Fluid or Washing (Site) _____

☐ Tissue (Specify) _____ ☐ Other _____

Specific Agent Suspected:

☐ Headache ☐ Septicemia ☐ Cough ☐ Discharge ☐ Other _____

Antibiotic Therapy: ☐ None ☐ Drugs

Lysine _____

Arginine _____

Ornithine _____

Urea _____

Indol _____

MR/VP_____

Other _____

☐ Other: _____

Mail Report to:

Phone: _____

Analyst

Date Reported

ADPH-F-CL-421/REV. 5/01

Provider Number