

Gram Smear Report Form		
Laboratory Name:		Laboratory No:
Gram Smear Specimen Number:	Source/Site:	
Date Specimen Received:	Date Specimen Reported:	
This table is for reporting the CELLULAR component in ALL smears except Sputum smears		
Cell Type	count per oil immersion field based on at least 10 fields	Interpretation: 1+, 2+, 3+, 4+ Based on laboratory's internal interpretation guidelines
1. Neutrophils		
2. Epithelial cells		
3.		
This table is for reporting the CELLULAR component in SPUTUM smears only		
Cell Type	count per low-power field	Interpretation: 1+, 2+, 3+, 4+ Based on laboratory's internal interpretation guidelines (include comment below, if applicable or check one of the boxes below)
1. Neutrophils		
2. Epithelial cells		
3.		
Please check if your report would state:		
<input type="checkbox"/> "culture pending or culture results to follow" (suitable for culture) <input type="checkbox"/> "final report – sample not suitable for culturing"		
This table is for reporting the BACTERIAL component in ALL smears		
Bacterial Gram Morphology	count per oil immersion field based on at least 10 fields	Interpretation: 1+, 2+, 3+, 4+ Based on laboratory's internal interpretation guidelines (include comment below, if applicable)
1.		
2.		
3.		
4.		
<input type="checkbox"/> no organisms seen (please <input checked="" type="checkbox"/> if applicable)		
COMMENTS- this is a free text box. Please provide the EXACT wording and include all interpretative comments as it would appear on your clinical Gram stain report. Please attach an additional page if necessary.		
Signature:		Date: