

<b>Specimen and Microbial Identification Report Form</b>					
Laboratory Name:				Laboratory No:	
Specimen Number:			Source/Site:		
Date Specimen Received:			Date Specimen Reported:		
Microbial Identification:					
comments:					
<b>Check all that apply:</b> <input type="checkbox"/> this laboratory does not process specimens of this type. <input type="checkbox"/> the sample/isolate would be referred to another lab for additional investigation. <input type="checkbox"/> Isolation Precaution: infection control, ward or designate would normally be notified. <input type="checkbox"/> report/notify to Public/Medical Health laboratory/office/department.				<b>Urine Samples only:</b> <input type="checkbox"/> no growth <input type="checkbox"/> 1 - 9 x 10 <sup>6</sup> cfu/L <input type="checkbox"/> 10 - 99 x 10 <sup>6</sup> cfu/L <input type="checkbox"/> ≥100 x 10 <sup>6</sup> cfu/L <input type="checkbox"/> <b>mixed sample</b> - repeat if clinically appropriate	
<b>Please complete the following Microbial Identification Test Information</b>					
Gram Stain Morphology:					
Hemolysis on 5% sheep blood agar:		Atmosphere for optimal growth:		Colonial Morphology:	
Primary Identification System Used: indicate by <input checked="" type="checkbox"/> <i>Inclusion or exclusion of a product name does not imply product endorsement or rejection by CMPT. Please record result for single tests (shown below) performed on this isolate.</i>					
<input type="checkbox"/> API 20E	<input type="checkbox"/> API Staph	<input type="checkbox"/> API 20 AUX	<input type="checkbox"/> MALDI-TOF	<input type="checkbox"/> RapID NFT	
<input type="checkbox"/> API ID 32	<input type="checkbox"/> API Strep	<input type="checkbox"/> ATB bioMérieux	<input type="checkbox"/> MicroScan	<input type="checkbox"/> RapID NH	
<input type="checkbox"/> API 20 NE	<input type="checkbox"/> API Coryne	<input type="checkbox"/> BBL Crystal	<input type="checkbox"/> PCR	<input type="checkbox"/> Vitek	
<input type="checkbox"/> API 20 NH	<input type="checkbox"/> API An-Ident	<input type="checkbox"/> BD Phoenix	<input type="checkbox"/> RapID ANA	<input type="checkbox"/> Vitek 2	
<input type="checkbox"/> Other (specify):			System Profile Number:		
Test	Result	Test	Result	Test	Result
Oxidase		Strep Serological Typing		TSI	
Catalase Reaction		CAMP Test		H <sub>2</sub> S	
Slide Coagulase		Hippurate		LIM	
Tube Coagulase		Bile Solubility		Urea hydrolysis	
Novobiocin 5 µg disk		Bile Esculin		Indole	
Staph Latex Agglutination		PYR (pyrrolidonyl- $\alpha$ -naphthylamide)		ONPG	
Pigment		LAP (leucine aminopeptidase)		Ornithine	
Germ tube		MUG ( $\beta$ -D-glucuronidase)		Nitrate reduction	
India ink		Taxo A (Bacitracin)		Motility	
Acid Fast Stain		Taxo P (Optochin)		NaCl (growth in)	
Other (please specify):					
Signature:				Date:	