

PATIENT IDENTIFICATION FMP - SSN NAME DOB SEX PHONE SPONSOR'S RELATION SVC GRADE				LOCATION	UCA CODE	PROVIDER NO	BACTERIOLOGY
TIME DATE LOCATION OF RECORDS				INSTRUCTIONS: 1. Name, FMP and SSN of patient must be on the lab slip. 2. Gray areas must be completed. 3. At least one "TEST" must be marked. 4. Only one "SECEIMEN SOURCE" must be marked. 5. Only one "COLLECTED BY" may be marked. 6. Time and date must be entered upon specimen collection.		PROVIDER STAMP	
AVAILABLE TESTS		CULTURE TYPES		CULTURE TYPES		COLLECTED BY	
GRAM STAIN *		CSF (CSFC)		WOUND (WC)		1 WARD CLINIC PERSONNEL	
CULTURE		BLOOD (BC)		ABSCESS		2 LAB PERSON IN LAB	
AEROBIC *		THROAT (TC)		ASPIRATE *		3 WARD ROUNDS	
ANAEROBIC *		URINE (UC)		BODY FLUID		4 LAB PERSON AT	
SURVEILLANCE		CLEAN CATCH		PLEURAL		OTHER (Specify in comments)	
SCHLICHTER		CATHETER		PERITONEAL		CARE PROVIDER COMMENTS	
PEAK		SUPRA PUBIC		SYNOVIAL		ENTER DRUG THERAPY HERE	
TROUGH		SPUTUM (SPC)		OTHER *		ENTER DRUG THERAPY HERE	
SPECIAL DRUGS		TRACHEOSTOMY		EAR		ENTER DRUG THERAPY HERE	
ANTIBIOGRAM *		ENDOBRONCHIAL BRUSHING		EYE		ENTER DRUG THERAPY HERE	
OTHER TESTS *		BRONCHIAL LAVAGE		GENITAL		ENTER DRUG THERAPY HERE	
* Specify the site/source/ drug or culture type.		TRANS-TRACHEAL ASP		NASOPHARNYX		ENTER DRUG THERAPY HERE	
		STOOL OR RECTAAL (SC)		TISSUE *		ENTER DRUG THERAPY HERE	
		GC (GCC)				ENTER DRUG THERAPY HERE	
		GENTAL				ENTER DRUG THERAPY HERE	
		RECTAL				ENTER DRUG THERAPY HERE	
		THROAT				ENTER DRUG THERAPY HERE	

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