



**BACTERIAL CULTURE FOR IDENTIFICATION**  
150 East Holt Boulevard, Ontario, CA 91761 – phone (909)458-9430 Fax (909)986-3590

(Include Actinomyces-like cultures. Exclude Mycobacteria cultures)

Patient's Name (Last, First, M.I.)			SPECIMEN INFORMATION	
Address:			Submitter's Specimen ID:	
Patient Medical Number:			Date Collected:	
County of Residence:			Time Collected:	
Date of Birth	Age	Gender	Check Source: Human <input type="checkbox"/> Animal <input type="checkbox"/> Species: _____	
Return Report to: Name:			Origin of Specimen:	
Address:			<input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Sputum <input type="checkbox"/> CSF <input type="checkbox"/> Throat <input type="checkbox"/> Pus	
Phone Number:			<input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Skin <input type="checkbox"/> Tissue Type _____	
Fax Number:			<input type="checkbox"/> Other, Specify _____	
Physician's Name/NPI :			Brief Case History, Therapy, Outcome:	
Clinical Condition or Suspected Disease				
Date of Onset			SUBMITTER'S IDENTIFICATION OF ORGANISM:	
<input type="checkbox"/> Case <input type="checkbox"/> Epidemic <input type="checkbox"/> Contact				
SUBMITTER'S LABORATORY FINDINGS:				
GRAM STAIN:			Culture made from original sample were: Pure <input type="checkbox"/> Mixed <input type="checkbox"/>	
BIOCHEMICAL REACTIONS:			If mixed, list other organisms present:	
Oxidase: Positive <input type="checkbox"/> Negative <input type="checkbox"/>			Medium(s) on which primary growth was obtained:	
Catalase: Positive <input type="checkbox"/> Negative <input type="checkbox"/>			Medium in which organism is being submitted: _____	
Motility: Positive <input type="checkbox"/> Negative <input type="checkbox"/>			METHOD OF IDENTIFICATION:	
Urea: Positive <input type="checkbox"/> Negative <input type="checkbox"/>				
Other significant test results:				

DO NOT WRITE IN THE SPACE BELOW

REPORT OF THE SAN BERNARDINO COUNTY LABORATORY INVESTIGATION

MORPHOLOGY	PCR RESULTS	COUNTY LABORATORY IDENTIFICATION
BIOCHEMICAL REACTIONS	SENT TO REFERENCE LAB	REFERENCE LABORATORY FINAL REPORT