

	Date _____ Specimen Source _____	CULTURE NO.
	Time _____ Antibiotic Therapy _____	Set Up Time _____
	Diagnosis _____	

Gram Stain
Bacterial Culture Aerobes
Bacterial Culture Anaerobes
Sensitivity
Beta Strep Screen
GC Culture
Viral Culture
Chlamydia DFA
Fungal Culture
Organism Latex
TB Acid Fast Smear
TB Acid Fast Culture
C/Difficile Toxin
Complete O&P Exam

REPORT: DO NOT WRITE BELOW

DATE _____ TECH _____

ORGANISM #:							
AN AMIKACIN					GM GENTAMICIN		
AM AMPICILLIN					IPM IMPENEM		
AMC AUGMENTIN					LOR LORACARBEF		
ATM AZTREONAM					MET METRONIDAZOLE		
AZM AZITHROMYCIN					NA NALIDIXIC ACID		
CEC CECLOR					NOR NORFLOXACIN		
CFP CEFOPERAZONE					OFX OFLOXACIN		
CZ CEFAZOLIN					OX OXACILLIN		
CFM CEFIXIME					P PENICILLIN G		
CID CEFONICID					PIP PIPERACILLIN		
CPD CEFPODOXIME					RA RIFAMPIN		
CTX CEFOTAXIME					SXT SEPTRA		
CTT CEFOTETAN					TE TETRACYCLINE		
FOX CEFOXITIN					TIC TICARCILLIN		
CAZ CEFTAZIDIME					TIM TIMENTIN		
CRO CEFTRIAZONE					NN TOBRAMYCIN		
CXM CEFUROXIME					TMP TRIMETHOPRIM		
CF CEPHALOTHIN					SAM UNASYN		
CIP CIPROFLOXACIN					VA VANCOMYCIN		
CC CLINDAMYCIN							
E ERYTHROMYCIN							
F/M FURADANTIN							
G GANTRISIN							

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Microbiology Order/Report Form

