



University of Pennsylvania
 Clinical Microbiology
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Case # _____ Accession # _____
(lab use only) (unique ID)

Microbiology Submission Form/Worksheet

SPECIMEN INFORMATION (Required)

- Liver Wound Milk Trach. Wash Uterine Swab
- Skin Blood Fluid Serum/Plasma _____
- Lung Kidney Feces Nasal swab _____
- Eye Spleen Urine Nasal wash _____
- CSF Hair Intestine Guttural Pouch

Collection Date _____ Time _____
(mm/dd/yy) AM PM

PATIENT INFORMATION (Required or attach Widener Hospital Label)

Animal ID/Name _____ Male Female
 Equine Bovine Other _____ Age _____
 Owner Name _____
 Address _____
 City _____ State _____ Zip _____
 Clinician _____ Report Results Via _____
 Phone _____ E-mail Fax
 Fax _____ Phone Mail

Comments _____

MICROBIOLOGY

- Aerobic Culture C. perfringens enterotoxin Salmonella ISO Culture
- Anaerobic culture C. difficile toxin A/B Salmonella Serogrouping
- Antibiotic Susceptibility Fungal Culture Tritrichomonas Culture
- Blood Culture Direct Gram Stain Quantitative Bacterial Culture
- Bovine Leucosis Virus Direct PAF Stain for Crypto Allergen/Plasma QC
- C. jejuni Culture Direct Fungal Stain (KOH) Maldi-TOF ID
- Campylobacter spp Culture Mastitis Culture

MOLECULAR DIAGNOSTICS

- | | |
|---|--|
| <p>PCR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Salmonella species <input type="checkbox"/> Strep equi ss equi <input type="checkbox"/> Mycoplasma bovis <input type="checkbox"/> Listeria monocytogenes <input type="checkbox"/> Equine Herpes Virus -1 <input type="checkbox"/> Salmonella serotyping - Luminex | <p>OTHER TESTING</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
|---|--|

DO NOT WRITE BELOW THIS LINE --- FOR LAB USE ONLY

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- THIO RV BPW PCR

- BAP
- CNA
- MAC
- CHOC
- CAMPY
- PEA
- LKV
- BBE
- BRU
- XLD
- BGN
- DCA
- SAB
- IMA