

Microbiology Laboratory

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www.vet.upenn.edu/diagnosticlabs



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**Diagnostic
Laboratories**

MICROBIOLOGY SUBMISSION FORM

Patient Name: _____ **Hospital Name:** _____

Patient ID: _____ **Hospital Address:** _____

Owner Name: _____

Species: Can Fel *Other* _____ **Phone Number:** _____

Breed: _____ **Veterinarian Name:** _____

Date of Birth: _____ **Results Email:** _____

Sex: F FS M MC **Billing Email:** _____

HISTORY/CLINICAL SIGNS:

ANTIBIOTIC THERAPY:

No Yes, Please list antimicrobial(s): _____

SPECIMEN: _____ **COLLECTION DATE:** _____

- Aerobic culture
- Anaerobic culture
- Fungal culture
- Mycobacterium culture
- Blood culture

- Fecal Screen (Salmonella and Campylobacter)
- Gram stain
- Acid fast stain
- Eye Culture with topical antibiotic panel

- Whole genome sequencing
- Mycobacterium/Nocardia susceptibility
- Other: _____

ADDITIONAL TESTING/NOTES: