Microbiology Laboratory
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PennVet Diagnostic Laboratories

MICROBIOLOGY SUBMISSION FORM

Patient name: _____

Patient ID: _____

Owner name: _____

Species: ☐ *Can* ☐ *Fel* ☐ *Other*_____

Breed: _____

Date of birth: _____

Sex: ☐ F ☐ FS ☐ M ☐ MC

Hospital name: _____

Hospital address: _____

_____

Phone number: _____

Veterinarian: _____

Results delivery: _____

Billing address: _____

**Please provide preferred test result delivery address (results to veterinarian/practice) and practice billing address - email preferred (fax numbers acceptable for billing). Addresses can differ.*

HISTORY/CLINICAL SIGNS:

ANTIBIOTIC THERAPY:

☐ No ☐ Yes, Please list antimicrobial(s):_____

SPECIMEN: _____ **COLLECTION DATE:**_____

☐ Aerobic culture ☐ Anaerobic culture ☐ Fungal culture ☐ Mycobacterial culture ☐ Fecal Screen

ADDITIONAL TESTING:

☐ Gram stain ☐ Acid fast stain ☐ Blood culture ☐ Eye culture (topical antibiotic panel) ☐ Other:_____

Clear patient info