**Microbiology Laboratory**
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# 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 Name:** _____
**Results Email:** _____
**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:**

Clear Form