**7. SPECIMEN INFORMATION**

7.1 Date of Specimen Collection: Specimen Code: 7.2 Specimen Type: 7.3 Specimen Quality :

# GRAM STAIN

* 1. **Date of Test:**

Date Received in Lab:

* 1. **Diagnosis at this visit:**

Gram Stain Result:

Pus Cells: Epithelial Cells:

* 1. **Gram Stain Result for EB (Automatically generated from released Gram Stain Result):**

Presence of pus cells:

No

Negative

Negative:

Gram Negative Intracellular Diplococci: Gram Negative Extracellular Diplococci:

Others:

Presence of gram neg intracellular diplococci: Presence of gram neg extracellular diplococci :

Date Released:

# 9 - 11 MICROBIOLOGY CULTURE AND SUSCEPTIBILITY TESTING

9.1 Date of positive culture: 9.2 Microbiology culture result: 9.3 Species Identification:

# INITIAL ANTIMICROBIAL SUSCEPTIBILITY TESTING 11. RETESTED ANTIMICROBIAL SUSCEPTIBILITY TESTING

* 1. **Specimen Quality: 11.1 Retested AST:**

**Alert**

* 1. **Date of Susceptibility Testing:**

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| **DISK** | |
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**AZM: CFM: CRO: CTX: FOX: CXA: CIP: ERY: GEN: NAL: PEN: SPE: TCY:**

11.2 Date of confirmation AST:

**AZM:**

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| **MIC** | |
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| **Alert** |
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**CFM:**

**CRO:**

**GEN:**

# Other information (lab use only):

**BL: PPNG: TRNG:**

Date Released:

* 1. **Laboratory Personnel:**

12.3 Contact No.:

# 12. LABORATORY PERSONNEL PROVIDING INFORMATION

* 1. **Email Address:**
  2. **Date Accomplished:**
  3. **Notes:**