

WHEN SUBMITTING REFERENCE CULTURES FOR CONFIRMATION AND/OR IDENTIFICATION PLEASE SUPPLY AS MUCH OF THE FOLLOWING INFORMATION AS IS APPLICABLE. THIS WILL EXPEDITE THE IDENTIFICATION PROCESS.

CULTURE IDENTIFICATION NUMBER (PLEASE NUMBER SPECIMEN TUBE TO CORRESPOND) _____
CULTURE TUBES SHOULD BE SENT IN **MICROBIOLOGY** MAILERS (SEE **SCOPE**).

CULTURE SUBMITTED IS:

ORIGINAL CULTURE: PLANTED

M	D	Y
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 PURE CULTURE OF _____ SUBCULTURED

M	D	Y
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ORIGINAL SPECIMEN SMEAR RESULT: _____ # OF CULTURES POSITIVE WITH THIS ORGANISM: _____

COLONIAL MORPHOLOGY ON 7HIO AGAR PLATE _____

MICROSCOPIC DESCRIPTION _____

GROWTH RATE: WITHIN 7 DAYS GREATER THAN 7 DAYS PIGMENT: IN DARK 1 HOUR LIGHT INDUCTION

OTHER OBSERVATIONS _____

BIOCHEMICAL TEST REACTIONS:

- | | | |
|--|---|---|
| <input type="checkbox"/> NIACIN | <input type="checkbox"/> TELLURITE REDUCTION | <input type="checkbox"/> UREASE |
| <input type="checkbox"/> NITRATE REDUCTION | <input type="checkbox"/> TWEEN 80 | <input type="checkbox"/> MACCONKEY AGAR |
| <input type="checkbox"/> CATALASE — 25° (ROOM TEMPERATURE) | <input type="checkbox"/> ARYLSUFATASE — 3 DAYS | <input type="checkbox"/> 5% NACL |
| <input type="checkbox"/> CATALASE — 68°, pH7 | <input type="checkbox"/> ARYLSUFATASE — 2 WEEKS | <input type="checkbox"/> IRON UPTAKE |

DNA PROBE RESULTS: _____ OTHER TEST RESULTS: _____

PLEASE CONSULT **SCOPE** BEFORE SUBMITTING CULTURES FOR SPECIAL SUSCEPTIBILITY TESTING

INSTRUCTIONS

PURPOSE: Isolation, identification, confirmation, further studies of *Mycobacterium tuberculosis* and other human disease-producing mycobacteria.

PREPARATION INSTRUCTIONS: Collect specimen following instructions in SCOPE, using recommended collection kits. Label each specimen tube, subculture, or smear with patient's name and date of birth. Fill out this form and send in appropriate mailer with the specimen to State Laboratory of Public Health. Place form in **outer** container. Do not send without label (patient's name and date of birth) on specimen or without form. Forms are available on-line (<http://slph.ncpublichealth.com/forms.asp#specimen>).

PREPARATION OF FORM: *Left Upper Portion of Form.* Item 1. Enter patient's social security number. Item 2. Enter patient's name, last name first and first name. Item 3. Enter patient's **home** address on lines immediately below. This information is required for epidemiologic follow-up. Item 4. Enter date of birth (not age). Items 5, 6, and 7. Indicate race, Hispanic ethnicity and sex by checking appropriate box. These data are for statistical purposes only. Item 8. Enter county of residence of patient (use county code). Item 9. Indicate if patient is a Medicaid client; if yes, enter Medicaid number. Enter submitter federal tax number in blank. Also enter return address of submitter in blanks under "Send Report To:". Enter Ordering Provider Name and NPI.

Right Upper Portion of Form. Date Collected: Enter date as indicated. Please check if previously diagnosed and include diagnosis and date first diagnosed. Please include any pertinent clinical information in the space provided. Drug Therapy: Check appropriate boxes. Please check appropriate boxes for Specimen Type and Source of Specimen. Please check the appropriate boxes for risk factors and signs and symptoms.

Do not write in space below "Laboratory Use." This section is for your results.

DISPOSITION: This form may be destroyed in accordance with Standard 5, Patient Clinical Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

- REJECTION CRITERIA:** Specimens will not be processed if:
- ▶ They are > 7 days from collection.
 - ▶ Specimen container does not have patient's name and DOB.
 - ▶ Conflicting information on the requisition and specimen container.