


**Microbiology Specimen Codes and Reporting Comments**

Identifier:		Version #:	1.2
Folder:	LIS USER MANUA	Type:	Policy/Procedur
Subfolder:	MICROBIOLOGY	Effective on:	27/01/2018

MICROBIOLOGY REJECT CODES	
CODE	COMMENT
<b>24</b>	Specimen unsuitable for culture. Time received in the laboratory exceeds the allowable time limit for viable culture and sensitivities.
<b>CD7NO</b>	Specimen collection date less than 7 days from initial negative C.difficile testing result. Repeat testing will be done after 7 days from first negative specimen collection.
<b>CDREG</b>	Formed stools are not suitable for Clostridium toxin testing. Therefore this specimen will not be processed.
<b>HOLD</b>	The examination of stool specimens from patients who have been in hospital for greater than 72hrs will be limited to C.difficile testing only. Specimen will be held for 5 days pending notification from physician.
<b>LEAK</b>	Specimen leaked in transit: Unable to process
<b>MS4NS</b>	Sampled/Ordered by Nursing Unit. No specimen received by Laboratory.
<b>NAME</b>	Name on specimen does not match name on requisition.
<b>NOCDIF</b>	Clostridium difficile toxin testing will not be performed on specimens from individuals less than 6 months of age.
<b>NSQ</b>	Insufficient quantity; Unable to process
<b>NSR</b>	No specimen received by laboratory
<b>RSVR</b>	Request for Respiratory Viral Testing will not be processed due to PHO testing guideline requirements.
<b>SNL</b>	Specimen not labeled.
<b>SSN</b>	Sample source not indicated on the specimen-multiple samples received.
<b>TWO</b>	Only one specimen of the above source will be processed per day. Duplicate specimens collected/received the same day are not considered to be of diagnostic value. Processing of this specimen is not warranted.
<b>VAGGC</b>	Culture of vaginal swabs for Neisseria gonorrhoeae not recommended. Specimens of choice are cervical swabs. Please.....
<b>WRONG</b>	SPECIMEN IMPROPERLY COLLECTED; UNABLE TO PROCESS

PHO REFERRAL CODES	
CODE	COMMENT
<b>PHLC</b>	Organism sent to Public Health Laboratory for confirmation. Report to follow.
<b>PHLID</b>	Organism sent to Public Health Laboratory for identification. Report to follow.
<b>PHLIDS</b>	Organism sent to Public Health Laboratory for Identification and Susceptibility testing.
<b>PHLS</b>	Organism sent to Public Health Laboratory for Susceptibility testing.

Written by:	DiPietro, Lucy
Reviewed by:	DiPietro, Lucy
Reviewed on:	01/09/2016
Renewed by:	Lucy WRHO DiPietro
Renewed on:	27/01/2018

Approved by (sign.):	
Approved by (name):	Shum, David
Approved on:	01/09/2016
Late date:	

<b>MICROBIOLOGY REPORTING COMMENTS</b>	
<b>CODE</b>	<b>COMMENT</b>
<b>5</b>	This organism isolated after 5 days incubation.
<b>ACC</b>	Anaerobic culture of this specimen source is not of clinical significance and therefore will not be processed.
<b>ANTF</b>	Anaerobic report to follow.
<b>BCANF</b>	ANAEROBIC CULTURE: No growth after 2 days incubation. This is a FINAL REPORT, unless growth is obtained upon further incubation.
<b>BCNAR</b>	No Aerobic Vial Received.
<b>BCNANR</b>	No Anaerobic Vial Received.
<b>CFGNB</b>	Commensal flora including Gram Negative Bacilli
<b>CLOT</b>	The use of a heparin coated (green top) vacutainer collection tube should be used when there is the risk of the sample clotting.....
<b>CSFCLOT</b>	This specimen was clotted upon receipt; therefore, the culture results may be unreliable. Bacteria may be sequestered inside the clots resulting in falsely negative cultures.
<b>CRQ</b>	Clinical Relevance Questionable
<b>CU</b>	Normal cutaneous flora.
<b>DELAY</b>	Specimen results may be unreliable due to delay in collection and receipt of specimen exceeding 24 hours.
<b>EN</b>	Direct specimen culture; no growth. Organism isolated from enrichment broth only.
<b>FF</b>	Normal faecal flora.
<b>FR</b>	FURTHER REPORT
<b>FRTF</b>	Further report to follow.
<b>GF</b>	Normal genital flora
<b>IDSTF</b>	Identification and sensitivity to follow.
<b>IDTF</b>	Identification to follow.
<b>INF</b>	Mixture of organisms—consistent with intestinal flora.
<b>LESWAB</b>	Eswab received with low volume liquid. This may affect reliable culture results.
<b>MIXANA</b>	Mixed anaerobic flora.
<b>MIXED</b>	Mixture of organisms-consistent with contamination
<b>NASAL</b>	Swabs from the nasopharynx or anterior nares have not been shown to be of any established value for the presumptive determination of either bacteria causing insusitis or otitis media. Routing use of these specimens for these purposes is not recommended.
<b>NFF</b>	Normal fecal flora only.
<b>NOTS</b>	Not representative of lower respiratory secretions; please repeat.
<b>NOTW</b>	Not representative of inflammatory exudates. Repeat collection of specimen is suggested if there is clinical evidence of infection.
<b>NPGC</b>	Normal Cutaneous Flora No Pathogens isolated
<b>NPGO</b>	Normal Oropharyngeal flora No Pathogens isolated
<b>OF</b>	Normal oropharyngeal flora.
<b>RSVN</b>	Nasopharyngeal suctioning: Enzyme-linked Immunoassay for Respiratory Syncytial Virus: NEGATIVE (RSV antigen not detectable) Specimen will be referred for Viral Culture if sample meets PHO testing criteria.
<b>RSVP</b>	Nasopharyngeal suctioning: Enzyme-linked Immunoassay for Respiratory Syncytial Virus: POSITIVE (RSV antigen detectable)
<b>PHYSIC</b>	PHYSICIAN PLEASE NOTIFY THE MICROBIOLOGY DEPARTMENT (EXT 33149) IF, IN YOUR OPINION, FURTHER IDENTIFICATION/SUSCEPTIBILITY TESTING IS WARRANTED.
<b>SKIN</b>	Culture suggestive of skin contamination.

MICROBIOLOGY NO GROWTH CODES	
CODE	COMMENT
<b>1NG</b>	No growth after 1 days incubation
<b>2D</b>	No aerobic or anaerobic growth after 2 days incubation. <i>This is a preliminary report.</i>
<b>2NG</b>	No growth after 2 days incubation
<b>2DAN</b>	No anaerobes isolated after 2 days incubation. <i>This is a preliminary report.</i>
<b>2D5D</b>	No aerobic growth after 2 days incubation. No anaerobic growth after 5 days incubation.
<b>3NG</b>	No growth after 72 hours incubation
<b>4NG</b>	No growth after 4 days incubation
<b>5NG</b>	No growth after 5 days incubation
<b>5DAN</b>	No anaerobes isolated after 5 days incubation.
<b>6NG</b>	No growth after 6 days incubation
<b>7D</b>	FINAL REPORT No aerobic or anaerobic growth after 7 days incubation
<b>7NG</b>	No growth after 7 days incubation
<b>7DAN</b>	No anaerobes isolated after 7 days incubation
<b>BAA</b>	Aerobic and Anaerobic Culture: No growth after 2 days incubation Final report unless growth is obtained upon further incubation.
<b>BCA</b>	Aerobic Culture: No growth after 2 days incubation Final report unless growth is obtained upon further incubation.
<b>FLD</b>	Aerobic and Anaerobic Culture. No growth after 2 days incubation. Final report unless growth is obtained upon further incubation.
<b>NACT</b>	No Actinomyces isolated
<b>NANA</b>	No anaerobic organisms of clinical significance isolated
<b>NCYSTPS</b>	No Pseudomonas aeruginosa or Staphylococcus aureus isolated from this specimen
<b>NCYSTBS</b>	No Burkholderia cepacia or Staphylococcus aureus isolated from this specimen.
<b>NCYSTBP</b>	No Burkholderia cepacia or Pseudomonas aeruginosa isolated from this specimen.
<b>NYCYSTALL</b>	No Burkholderia cepacia or Pseudomonas aeruginosa or Staphylococcus aureus isolated from this specimen.
<b>NGAS</b>	No Group A streptococcus isolated
<b>NGC</b>	No Neisseria gonorrhoea isolated after 48 hours incubation
<b>NGC3</b>	No Neisseria gonorrhoea isolated after 72 hours incubation.
<b>NOB</b>	No group B Streptococcus isolated
<b>NOY</b>	No yeast isolated
<b>NPINK</b>	No Pink
<b>NVIO</b>	No Violet
<b>NS</b>	<10 x 10 E6 (E=exponent) cfu/L No significant Growth
<b>NS100</b>	>100 X 10E 6 (E=exponent) cfu/L No Significant Growth
<b>NSG100</b>	10-100 x 10 E6 (E=exponent) cfu/L No significant Growth
<b>PLA</b>	Culture Negative for Group B Streptococcus, Listeria species, Staphylococcus aureus, and E.coli
<b>ST</b>	No Salmonella Shigella Yersinia, Campylobacter or E.coli O157 isolated. Note: Patients presenting with Hemolytic Uremic Syndrome (HUS) who test negative for E.coli O157 should be tested for Shiga Toxin. This testing is provided by PHO on request only and must be performed on a fresh stool specimen submitted in Carey-Blair media.

MICROBIOLOGY INITIAL FINDINGS RESULT CODES	
CODE	COMMENT
ANACNI	Few morphotypes of some organisms seen resemble probable anaerobes. Anaerobic culture is not indicated for this site.
BACNOT	Gram stained smear shows altered vagina flora but is NOT consistent with bacterial vaginosis.
BACVAG	Gram smear results are consistent with Bacterial vaginosis when accompanied with clinical symptoms.
CDI	Invalid result; Repeat specimen collection requested.
CDN	<b>Toxigenic C.difficile Negative.</b> Toxigenic C-difficile – NEGATIVE: Based on the data provided by Illumigene System, the specificity rate is estimated between 95 to 99.5% and negative predictive value of the assay is 91 to 99%. It is strongly suggested that submission of stool sample for repeat testing is not necessary before seven days if there has been no change in the patient's condition or symptomology. Please discuss with the Microbiology Clinical Lead or designate if repeat testing is ordered within a seven day interval from original/first submission.
CDP	<b>Toxigenic C.difficile Positive.</b> Further testing not indicated.
FZN	No yeast isolated. If Fungus other than Yeast suspected, contact the Microbiology Department.
FXP	Yeast Isolated. If Fungus other than Yeast suspected, contact the Microbiology Department
GDHN	<b>EIA Screen for C.difficile Common GDH Antigen: NEGATIVE Clostridium difficile NOT detected.</b> Stool samples for repeat testing are not necessary if there has been no change in the patient's condition or symptomology.
GRAM	Morphology of some organisms seen resemble probable anaerobic species. Suggest anaerobic culture if clinically indicated.
MRSA	MRSA isolated in this culture.
NEGVAG	Gram smear NOT indicative of Bacterial vaginosis.
NMRSA	No MRSA isolated
NVRE	No VRE isolated
TRP	Trichomonas: Trichomonas seen
TRN	Trichomonas: No Trichomonas seen Delay in transport of sample to the laboratory may yield a false negative for the presence of Trichomonas
PVRE	Vancomycin resistant Enterococcus isolated in this culture. Organism referred to PHL for confirmation and Vancomycin testing.
VINCENO	No organisms suggestive of Vincent's Angina seen
VINCEYES	Organisms suggestive of Vincent's Angina seen
VRE	VRE isolated in this culture.
VRENI	VRE testing not indicated for this specimen source.
YEASTNO	No yeast seen on direct examination. Yeast culture not done.
YEASTYES	Yeast seen on direct examination. Yeast culture not done.

MICROBIOLOGY SENSITIVITY CODES	
CODE	COMMENT
AMPC	This isolate harbours a broad-spectrum $\beta$ -lactamase and should be considered resistant to all $\beta$ -lactam inhibitor combinations except Carbapenems (e.g. Imipenem, Meropenem).
AMPCPM	This organism carries a plasmid mediated AmpC gene. This isolate harbours a broad-spectrum $\beta$ -lactamase and should be considered resistant to all $\beta$ -lactam inhibitor combinations except Carbapenems (e.g. Imipenem, Meropenem)
BETA	This organism is intrinsically susceptible to Penicillin. If treatment is required AND this patient cannot be treated with Penicillin, please contact the Microbiology department within 72 hours to request sensitivity testing.
BETAB	This organism is intrinsically susceptible to Penicillin. If patient is penicillin allergic, acceptable alternative include Cefazolin (patient at low risk for anaphylaxis) and Clindamycin (patient at high risk for anaphylaxis).
BURINE	Penicillin susceptible Beta Hemolytic Streptococci can be considered susceptible to the following antibiotics: Ampicillin, Amoxicillin, Amoxicillin-Clavulanic Acid and Cephalothin.
ESBL	This organism is an ESBL
AVAIL	Susceptibility testing available upon request for this organism.
BLN	Beta-lactamase negative
BLP	Beta-lactamase positive
CATT	Moraxella catarrhalis is generally susceptible to Erythromycin, Tetracycline, Trimethoprim/Sulphamethoxazole and Amoxicillin/Clavulanic Acid.
CEFURINE	Cefazolin results predict results for the oral agents cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalexin and loracarbef when used for therapy of uncomplicated UTI's.
CLOXSUSC	Cloxacillin susceptible results can be applied to cefazolin, cephalexin, and amoxicillin-clavulanate.
CRO	Resistance to third generation cephalosporins may develop during therapy with these agents.
ENT	Combination therapy of ampicillin or penicillin or vancomycin PLUS an aminoglycoside either gentamicin or streptomycin is usually indicated for serious enterococcal infections.
IMPR	Oxacillin resistant Staphylococci are resistant to Meropenem as per NCCLS guidelines.
IMPS	Oxacillin susceptible Staphylococci are susceptible to Meropenem as per NCCLS guidelines.
NCCL	Susceptibility testing not recommended. No published CLSI guidelines available for this organism.
SAME	For sensitivity results please refer to the following culture numbers:
SAP	Routine testing of urine isolates of <i>S.saprophyticus</i> is not advised, because infections respond to concentrations achieved in urine of antimicrobial agents commonly used to treat acute, uncomplicated urinary tract infections. (e.g., nitrofurantoin, trimethoprim/sulfamethoxazole, or a fluoroquinolone).
SARA	Susceptibility testing not routinely performed on Anaerobic organisms. Statistical data available on request from the Microbiology Laboratory.
SPLVMX	Streptococcus pneumoniae isolates susceptible to levofloxacin are predictably susceptible to moxifloxacin.
STF	Sensitivity testing to follow.

MICROBIOLOGY SENSITIVITY CODES cont'd																									
CODE	COMMENT																								
<b>STEN</b>	This organism is generally resistant to aminoglycoides, penicillin and cephalosporins. It is frequently susceptible to trimethoprim/sulphamethoxazole.																								
<b>PGC</b>	Due to the poor growth characteristics of this organism, we are unable to provide susceptibility testing.																								
<b>PNEUMO</b>	<p>S. pneumoniae Ceftriaxone MIC (mg/L) Interpretation</p> <table> <tr> <td></td> <td>S</td> <td>I</td> <td>R</td> </tr> <tr> <td>(meningitis)</td> <td>≤ 0.5</td> <td>1</td> <td>≥ 2</td> </tr> <tr> <td>(non-meningitis)</td> <td>≤ 1</td> <td>2</td> <td>≥ 4</td> </tr> </table> <table> <tr> <td>Penicillin parenteral</td> <td>S</td> <td>I</td> <td>R</td> </tr> <tr> <td>(meningitis)</td> <td>≤0.06</td> <td>-</td> <td>≥0.12</td> </tr> <tr> <td>(non-meningitis)</td> <td>≤2</td> <td>4</td> <td>≥8</td> </tr> </table>		S	I	R	(meningitis)	≤ 0.5	1	≥ 2	(non-meningitis)	≤ 1	2	≥ 4	Penicillin parenteral	S	I	R	(meningitis)	≤0.06	-	≥0.12	(non-meningitis)	≤2	4	≥8
	S	I	R																						
(meningitis)	≤ 0.5	1	≥ 2																						
(non-meningitis)	≤ 1	2	≥ 4																						
Penicillin parenteral	S	I	R																						
(meningitis)	≤0.06	-	≥0.12																						
(non-meningitis)	≤2	4	≥8																						
<b>PAST</b>	Pasteurella species are generally susceptible to B-lactam antibiotics, including penicillin, macrolides, tetracycline and quinolones, and are resistant to clindamycin and amikacin; other aminoglycosides are only moderately active.																								
<b>TOP</b>	NOTE: Existing NCCLS guidelines are based upon systemic antimicrobial concentrations. There is currently no proven correlation between the invitro test results and the clinical use of topical antimicrobial agents, ophthalmic and otic ointments and drops, therefore, susceptibility testing will not be performed.																								
<b>VAN</b>	Vancomycin is recommended only for clindamycin resistant isolates from patients at high risk for anaphylaxis and overuse of this agent should be avoided if possible.																								