

PROCEDURE: CULTURE REFERRAL POLICY**I. PRINCIPLE**

The same isolate recovered from multiple specimens from the same patient may be referred to a single isolate with full susceptibilities and/or identification if it meets certain established criteria.

- A. Subsequent specimens collected within 3 days of specimen to which it is referred.
 - 1. CF patients may be referred within 3 months of collection unless specimen obtained while inpatient
- B. Specimens are obtained from the same source/site as specimen to which it is referred. Do not refer Left/Right kidney or Left/Right bronchial lavage specimens. Individual workups must be performed.
- C. Colony morphology/biochemical testing match between isolates.
- D. Fungal isolates recovered from routine specimens may be referred to corresponding fungal cultures.

II. REPORTING

- A. When referring, the final ID should be reported exactly as it appears in the previous culture.
- B. The final report should include all isolate comments exactly as they appear in the previous culture.
- C. The identification/susceptibility referral must include an appropriate canned message as well as the specimen collection date/time of the culture to which it is referred. Fungal referrals do not need specimen collection date/time if fungal culture is under the same order number as routine cultures.
Refer to the table below:

&REFA	Complete workup done on previous culture. Refer to specimen collected on:
&RFUN	Refer to corresponding fungal culture for identification

III. NOTES

- A. Coagulase-negative *Staphylococcus* and alpha-hemolytic *Streptococcus* (excluding microaerophilic strep) are **NEVER** referred and must be compared using identification and/or susceptibility methods.
- B. Further identification and susceptibility testing may be performed upon physician request.
- C. Any variations of this criteria should be brought up on rounds.

IV. REVISIONS

- A. 11/01/2022 Updated protocol to allow for AST referral of microaerophilic strep