

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 susceptibility and/or identification if it meets certain established criteria.

II. REFERRAL CRITERIA

A. Subsequent specimens collected within the given time frame of specimen to which it is referred:

Referral period	
Routine cultures	5 days
CF patient isolates (unless current inpatient)	3 months
Fungal cultures	1 month

B. Specimens must be obtained from the same source/site as specimen to which it is referred.

1. 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.

E. Coagulase-negative *Staphylococcus* and alpha-hemolytic *Streptococcus* must have identification performed and documented prior to referral of AST results.

III. 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.

D. 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

IV. REVISIONS

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

B. 01/12/2026 Updated length of referral period. Removed referral exceptions for CoNS/ahs.