

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.