


† CATHOLIC HEALTH INITIATIVES <b>Franciscan Health System</b>  St. Clare Hospital Lakewood, WA St. Elizabeth Hospital Enumclaw, WA St. Francis Hospital Federal Way, WA St. Joseph Medical Center Tacoma, WA St. Anthony Hospital Gig Harbor, WA St. Elizabeth Hospital Enumclaw, WA	<b>FORM</b>	<b>DOCUMENT NUMBER</b> <b>J- W-MB 2305-01</b>
		Copy ID J01, C, E, F
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<b>MICROBIOLOGY MANUAL REPORT FORM</b>		

**PATIENT NAME:** \_\_\_\_\_ **ACCN:** \_\_\_\_\_

**SPECIMEN SOURCE:** \_\_\_\_\_ **DATE/TIME COLL:** \_\_\_\_\_


TEST	RESULT (CIRCLE RESULT)
RAPID STREP A SCREEN	NEGATIVE / POSITIVE
INFLUENZA ANTIGEN	NEGATIVE/ POS FOR INFLU A/ POS FOR INFLU B
TRICHOMONAS EXAM	NEGATIVE/ POSITIVE
OCCULT BLOOD	NEGATIVE/ POSITIVE
FECAL LEUKOCYTES	NONE SEEN / PRESENT ( few, moderate, numerous)
QUALITATIVE FECAL FAT	NEGATIVE / POSITIVE
COLITIS TOXIN PCR	NEGATIVE/ POSITIVE
MRSA PCR	NEGATIVE/ POSITIVE
RAPID HIV 1/2	NEGATIVE/ PRESUMPTIVE POSITIVE
STAT AFB SMEAR	NEGATIVE/ POSITIVE (few, moderate, numerous)
INDIA INK	NEGATIVE/ POSITIVE
KOH	NEGATIVE/ POSITIVE (septate hyphi/ non-septate)
LAL	NEGATIVE/ ENDOTOXIN PRESENT
ENVIRONMENTAL CULTURE	NO GROWTH/ _____ COLONIES PRESENT
RESULTED BY:	DATE/TIME:
RESULTS CALLED TO:	DATE/TIME/TECH ID:

Collection Date	Collection Time	Pt location	ACCN #	Name  MIRN/ DOB  or Epic Label

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<b>MICROBIOLOGY MANUAL REPORT FORM</b>		

<b>PATIENT NAME:</b>	<b>ACCN:</b>
<b>SPECIMEN SOURCE:</b>	<b>DATE/TIME COLL:</b>
<b>GRAM STAIN (genital sources)</b>	<b>(Circle all that apply)</b>
WBC	None/ Rare/ Few / Moderate / Numerous
RBC	None/ Rare/ Few / Moderate / Numerous
EPITHELIAL CELLS	None/ Rare/ Few / Moderate / Numerous
GRAM POSITIVE RODS (resembling Lactobacillus sp.)	None/ Rare/ Few / Moderate / numerous
GRAM POSITIVE COCCI	None/ Rare/ Few / Moderate / Numerous pairs/ chains/ clusters
GRAM NEGATIVE RODS (resembling Gardnerella sp)	None/ Rare/ Few / Moderate / Numerous
GRAM NEGATIVE COCCI	None/ Rare/ Few / Moderate / Numerous intracellular / extracellular
YEAST	None/ Rare/ Few / Moderate / Numerous
OTHER ORGANISMS PRESENT	
CLUE CELLS	Present / Absent
IMPRESSION	
<b>GRAM STAIN (sources other than genital)</b>	<b>(Circle all that apply)</b>
WBC	None/ Rare/ Few / Moderate/ Numerous
RBC	None/ Rare/ Few / Moderate/ Numerous
EPITHELIAL CELLS	None/ Rare/ Few / Moderate/ Numerous
GRAM POSITIVE COCCI	None/ Rare/ Few / Moderate/ Numerous pairs/ chains / clusters
GRAM NEGATIVE RODS	None/ Rare/ Few / Moderate/ Numerous
GRAM POSITIVE RODS	None/ Rare/ Few / Moderate/ Numerous
GRAM NEGATIVE COCCI	None/ Rare/ Few / Moderate/ Numerous intracellular/ extracellular
YEAST	None/ Rare/ Few / Moderate/ Numerous
OTHER ORGANISMS PRESENT	
IMPRESSION	
<b>RESULTED BY:</b>	<b>DATE/TIME:</b>
<b>RESULTS CALLED TO:</b>	<b>TIME / TECH ID</b>

Collection Date	Collection Time	Pt location	ACCN #	Name
				or Epic Label


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<b>MICRO MISC DOWNTIME REPORT FORM</b>		

PATIENT NAME: \_\_\_\_\_ ACCESSION NUMBER \_\_\_\_\_  
 TEST: \_\_\_\_\_ SOURCE: \_\_\_\_\_  
 RESULTS CALLED TO: \_\_\_\_\_ TIME/TECH ID \_\_\_\_\_

**CULTURE RESULTS (PRELIMINARY or FINAL)**

TEST	RESULTS (CIRCLE RESULT)
HERPES CULTURE	No Herpes simplex isolated
	Positive for Herpes Simplex type 1
	Positive for Herpes Simplex type 2
FUNGUS CULTURE	Smear result:
	No growth _____ weeks
	Positive for yeast, ID to follow
	Positive for fungus, ID to follow
	Organism ID:
AFB CULTURE	Smear result:
	No acid fast bacilli seen
	Positive for acid fast bacilli (few, moderate, numerous)
	No mycobacterium isolated
	Organism id:
OVA AND PARASITES	No ova and parasites seen
	Organism id:
MISC TESTING	
RESULTED BY:	DATE/TIME:

Collection Date	Collection Time	Pt location	ACCN #	Name
				MRN/ DOB or Epic Label

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<b>MICROBIOLOGY CULTURE DOWNTIME REPORT FORM</b>		

**PATIENT NAME:** \_\_\_\_\_ **ACCESSION NUMBER** \_\_\_\_\_  
**TEST:** \_\_\_\_\_ **SOURCE:** \_\_\_\_\_ **DATE/TIME COLL** \_\_\_\_\_  
**RESULTS CALLED TO:** \_\_\_\_\_ **TIME/TECH ID** \_\_\_\_\_

<b>MICROSCOPIC EXAM</b>
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(circle all that apply)  
**CULTURE RESULTS (PRELIMINARY or FINAL)**  
 No growth \_\_\_\_\_ Day (s)  
 ID to follow \_\_\_\_\_ ID and Sensitivity to follow \_\_\_\_\_ Sensitivity to follow \_\_\_\_\_

<b>ORGANISM #1:</b>
<b>ORGANISM #2:</b>
<b>ORGANISM #3:</b>
<b>COMMENT FIELD:</b>

Resulted by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Antibiotic	ORGANISM #1		ORGANISM #2		ORGANISM #3	
	MIC	Interp	MIC	Interp	MIC	Interp
Ampicillin						
Amp/Sulbactam						
Cefazolin						
Ceftazidime						
Ceftriaxone						
Ciprofloxacin						
Erythromycin						
Gentamicin						
Meropenem						
Levofloxacin						
Moxifloxacin						
Nitrofurantoin						
Oxacillin						
Penicillin-G						
Pip/Tazobac						
Rifampin						
Tetracycline						
Trimeth/Sulfa						
Vancomycin						
Beta-lactamase						

Collection Time	Collection Date	Pt location	ACCN #	Name
				MRN/ DOB
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