

<p>KY Division of Laboratory Services 100 Sower Blvd., North Loading Dock, P.O. Box 2020 Frankfort, Kentucky 40602-2020 Phone: 502/564-4446 Fax: 502/564-7019 Jeremy Hart, MD, FCAP, Director</p>	 <p>Kentucky Public Health <small>Prevent. Promote. Protect.</small></p> <h2>Special Microbiology</h2>
<p><i>Please complete a separate form for each specimen.</i></p>	
PATIENT INFORMATION:	
Name (Last, First, MI) _____	
Social Security # _____ Sex _____ Race _____ Age _____ DOB _____	
Home Address _____	
City _____ State _____ Zip Code _____ County _____	
Send Report To:	
Submitter _____	
Street Address (PO BOX) _____	
City _____ State _____ Zip Code _____	
Specimen Information:	
Purpose of Exam _____	<input type="checkbox"/> Clinical Specimen
Specimen Source _____	<input type="checkbox"/> Referred Culture
Date of Collection _____	Bloody Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No
Examination Requested: <i>(Please mark one)</i>	
<input type="checkbox"/> Enteric Pathogens	<div style="border: 1px solid black; padding: 5px; text-align: center;"><u>Organism Suspected:</u></div>
<input type="checkbox"/> *Miscellaneous Bacterial Culture	
<input type="checkbox"/> Intestinal Parasites	
<input type="checkbox"/> Pinworm	
<input type="checkbox"/> Other _____	
Other pertinent Medical Data: <i>*Please complete this section when submitting Miscellaneous Bacterial Cultures</i>	
FOR LABORATORY USE ONLY:	
Date Received:	Laboratory Number:

Please Use "L" Label or Fill in Completely