

Kentucky Public Health Laboratory 100 Sower Blvd., North Loading Dock, P.O. Box 2020 Frankfort, Kentucky 40602-2020 Phone: 502/564-4446 Fax: 502/564-7019		<h2>Special Microbiology</h2>	
<i>Please complete a separate form for each specimen. Yellow copy may be retained by the submitter.</i>			
<b>PATIENT INFORMATION:</b>			
Name (Last, First, MI) _____			
Social Security # _____		Sex _____	Race _____
		Age _____	DOB _____
Home Address _____			
City _____		State _____	Zip Code _____
		County _____	
<b>Send Report To:</b>			
Submitter _____			
Street Address (PO BOX) _____			
City _____		State _____	Zip Code _____
<b>Specimen Information:</b>			
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	
<b>Examination Requested:</b> <i>(Please mark one)</i>			
<input type="checkbox"/> Smear Exam for GC		<input type="checkbox"/> Enteric Pathogens	
<input type="checkbox"/> Direct Smear <input type="checkbox"/> Smear from Culture		<input type="checkbox"/> *Miscellaneous Bacterial Culture	
<input type="checkbox"/> Culture Confirmation of Neisseria gonorrhoeae (GC)		<u>Organism Suspected:</u>	
<input type="checkbox"/> Intestinal Parasites			
<input type="checkbox"/> Pinworm Prep			
<input type="checkbox"/> Other _____			
Other pertinent Medical Data: <i>*Please complete this section when submitting Miscellaneous Bacterial Cultures</i>			
<b>FOR LABORATORY USE ONLY:</b>			
<b>Date Received:</b>		<b>Laboratory Number:</b>	