

Kentucky Health Services Laboratory
100 Sower Blvd., North Loading Dock,
P.O. Box 2020
Frankfort, Kentucky 40602-2020
Phone: 502/564-4446 Fax: 502/564-7019

Mycobacteriology Smear & Culture

Please complete a separate form for each specimen.
Yellow copy may be retained by the submitter.

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 _____

Requesting Physician (if other than submitter) _____

Please Use "L" Label or Fill in Completely

Specimen Information:

Date of Collection _____

Clinical Specimen

Referred Specimen

Sputum

Source: _____

Bronchial Washing

Gastric fluid

Hospital or Laboratory reference number
(if applicable _____)

Urine

CSF

Other, please specify _____

Is the patient on anti-tuberculosis drugs? Yes No

Laboratory Findings:

Laboratory Number: