

KY Division of Laboratory Services  
100 Sower Blvd. Suite 204  
Frankfort, Kentucky 40601  
Phone: 502/564-4446 Fax: 502/564-7019



## Special Microbiology

*Please complete a separate form for each specimen.*

### 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 \_\_\_\_\_

Please Use "L" Label or Fill in Completely

### Specimen Information:

Purpose of Exam \_\_\_\_\_

Clinical Specimen

Specimen Source \_\_\_\_\_

Referred Culture

Date of Collection \_\_\_\_\_

Bloody Diarrhea  Yes  No

### Examination Requested: *(Please mark one)*

Enteric Pathogens

\*Miscellaneous Bacterial Culture

Organism Suspected:

Other \_\_\_\_\_

Other pertinent Medical Data: *\*Please complete this section when submitting Miscellaneous Bacterial Cultures*

### FOR LABORATORY USE ONLY:

Date Received:

Laboratory Number: