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PLEASE DO NOT SEND ISOLATES OF *M. TUBERCULOSIS*.

PATIENT IDENTIFICATION:
(Insert label here, type, or PRINT LEGIBLY)

Samples submitted should be pure culture isolates (see list below). If submitted in liquid, tubes must be properly packaged to prevent leakage and breakage.

NAME_____ DOB_____ SEX_____
LAST FIRST

SPECIMEN #_____ ☐ CF ☐ Non-CF ☐ Unknown

DIAGNOSIS: _____ ☐ **Ruled Out MTBC**
If MALDI, state ID_____

SUSPECTED ORGANISM: We **DO NOT** accept MTBC isolates.

☐ Slowly Growing Nontuberculous Mycobacteria ☐ *Mycobacterium avium* complex (MAC)

☐ Rapidly Growing Nontuberculous Mycobacteria ☐ Aerobic Actinomycetes Species

DATE SPECIMEN COLLECTED:_____ SOURCE OF SPECIMEN _____

REPORT TO BE SENT TO: **(insert label or PRINT LEGIBLY)** Please include **FAX #** for faster service.

NAME_____ PHONE #_____

ADDRESS_____ **FAX #** _____

_____

_____ EMAIL: _____

BILLING ADDRESS: **NOTE: WE DO NOT BILL INSURANCE COMPANIES, MEDICARE OR PATIENTS.**

NAME_____ PHONE # _____

ADDRESS _____

_____ **P.O./VENDOR #** _____

ATTENDING PHYSICIAN:_____ PHONE # _____

CONTACT PERSON:_____ PHONE # _____

EMAIL:_____ TYPE OF MEDIUM SUBMITTED _____

NAME OF LAB_____
(if different from report address above)

- If mixed/more than 1 colony type, do you want us to isolate?
- If yes, please initial here_____($90 additional charge)
- If not initialed, we will work up only the Predominant colony types unless you specify differently.

Tests Requested:

A third party laboratory or our laboratory may perform research on the isolates submitted and the results of any such de-identified data may be published.

DATE SUBMITTED _____

☐ **Susceptibility(routine panel)** ☐ **Identification** ☐ **DNA Strain Typing** ☐ **Special Request (describe)**
if MICs, include antimicrobials to test: _____

*****PLEASE DO NOT SEND PACKAGES FOR DELIVERY ON THE WEEKEND.*****
Packages sent without electronic tracking capabilities are the sole responsibility of the sender.