Patient Management Module

Bacteriology Test

BACTERIOLOGY

(Last, First,, Middle) CLIENT NAME:		DATE OF BIRTH: / /	Age:
SS #:	STATE CASE #:	CITY/COUNTY CASE #:	
SITE:	SPECIAL ATTENTION REQUIRED: Explain		

Date Collected ___/____/____ **Laboratory**: _____

Specimen Type G Sputum G Urine G Bronchial Washing G Biopsy G Other

If Biopsy or Other, **Anatomic Site of Specimen** (Enter a code from the 99 listings in TIMS) _____

Specimen ID #: _____

Smear Results (Check one) G Negative G Positive G Not Done G Unknown G Other (Specify) _____

Culture Growth (Check one) G Negative G Positive G Not Done G Unknown G Other (Specify) _____

Species ID: _____ **Date Identified** ____/____/____

Date Collected ___/____/____ **Laboratory**: _____

Specimen Type G Sputum G Urine G Bronchial Washing G Biopsy G Other

If Biopsy or Other, **Anatomic Site of Specimen** (Enter a code from the 99 listings in TIMS) _____

Specimen ID #: _____

Smear Results (Check one) G Negative G Positive G Not Done G Unknown G Other (Specify) _____

Culture Growth (Check one) G Negative G Positive G Not Done G Unknown G Other (Specify) _____

Species ID: _____ **Date Identified** ____/____/____

User Defined Variable Information: (If needed)

_____ ____/_____/____

Completed By Date