

Patient Work-up Form

Patient Name: _____ Culture Type: _____

(* If doing urine culture, include estimated cell count per ml)

Test:		Observations:	Interpretation:
Colony morphology on TSY*			
Gram Stain			
Acid Fast Stain			
Endospore Stain			
MacConkeys			
Mannitol Salt			
Blood Agar			
Bacitracin			
Indole			
Methyl Red			
Citrate			
TSI	Glucose		
	Glucose Lactose Sucrose		
	Gas		
	Sulfate reduction		

Bacteria are identified as (include genus and species name): _____

Antibiotic sensitivity measurements and results:

		Sensitive	Resistant	
penicillin		> 29 mm	< 28 mm	
erythromycin		> 18	< 13	
ciprofloxacin		> 18	< 12	
tetracycline		> 19	< 14	
methicillin		> 17	< 12	
sulfadiazine		> 16	< 10	
	Size of zone	S, R, I	Mechanism of action of antibiotic	Result expected? Y or N
penicillin				
methicillin				
sulfadiazine				
tetracycline				
erythromycin				
ciprofloxacin				

Also include photos relating to all of your results, as well as any positive and negative control results for any differential stain that you do. Label each photo with a "Figure #: Title" so that it is clear what is photo is a picture of.