

INSTITUTION	Patient's Last Name		First
	Veterinarian		
	Street Address		
	City	State	Zip Code
PHONE No.			
Culture & Sensitivity <input type="checkbox"/>	Other: <input type="checkbox"/>	SOURCE OF CULTURE	
Fungal Culture <input type="checkbox"/>	Other: <input type="checkbox"/>		
Mycoplasma Culture <input type="checkbox"/>	Remarks & History		
Blood Culture <input type="checkbox"/>			
Gram Stain <input type="checkbox"/>			

Pathology Service:

Breed: _____ Species: _____
 ID#: _____

Slides(s) / Fluid / Formalin

Number of Specimens: _____

Sex: M / F / MN / FS

Age: _____

Histopathology (1-2 samples \$56.00, 3-4 samples \$69.00), Source: _____

Cytology (\$33.00), Source: _____

Fluid Analysis (\$12.00), Source: (Specific gravity, protein, PCV, Mucin Clot Evaluation)

Dermatology Specialist (\$96.00), Source: _____

** Cytology Results Within 24hrs, Histopathology within 72 hrs

** Electronic and PDF Results are Available at micrim.net. Please call lab for log on information.



Clinical History: _____

Organisms Are Listed in Order Of Predominance	Am	Cb	CC	Cf	CL	C	E	MAR	CIP	Gm	AN	Me	EN	Pn	SxT	To	Te	Aug	N			
S=Sensitive																						
R=Not Sensitive																						
I=Intermediate Susceptability																						
MS=Moderately Sensitive																						

COMMENTS: