

Protocol:

1. Whenever possible, please submit a **pure culture** of any organism for which identification and/or susceptibility is desired. Mixed cultures require additional workup, thus delaying final reports to the physician.
2. **Unless other instructions are given, Saint Francis will use routine protocol** when performing workups and susceptibility testing on submitted organisms. For example, if an anaerobic identification is requested, susceptibility testing will be done only for certain common anaerobic organisms, such as *Bacteroides fragilis group*. Identification without susceptibility testing will be done for some organisms such as *Clostridium perfringens*. When several anaerobic organisms are present, they will be reported as "Mixed probable anaerobes present; no further workup performed."
3. **Please provide all information requested below.** It is important that the submitting laboratory list all aerobic organisms cultured from a specimen that may contain anaerobes. Since many aerobic organisms will also grow anaerobically, having the aerobic culture report will allow us to eliminate these organisms and identify true anaerobes more quickly.
4. **Please call OSF Regional Laboratory Customer Support at (309) 624-9082 if you have questions or concerns** about any of the ID/susceptibility protocols or filling out this form. Your input is important to enable us to provide the best possible service.

Submitting Laboratory:	Physician:
Patient's name:	Body site (note if surgical specimen):
Date specimen cultured:	Date organism isolated:
Organism suspected <input type="checkbox"/> Bacterial (aerobic) <input type="checkbox"/> Bacterial (anaerobic) <input type="checkbox"/> AFB <input type="checkbox"/> Fungal	Examination requested: <input type="checkbox"/> Identification per Saint Francis protocol <input type="checkbox"/> Susceptibility testing per Saint Francis protocol <input type="checkbox"/> Other (specify) _____
<u>Staining characteristics:</u> <input type="checkbox"/> Bacilli <input type="checkbox"/> Cocci <input type="checkbox"/> Gram negative <input type="checkbox"/> Gram positive <input type="checkbox"/> Acid fast <input type="checkbox"/> Yeast or branching bacilli <input type="checkbox"/> Other:	<u>Growth characteristics:</u> <input type="checkbox"/> Anaerobic growth only <input type="checkbox"/> Growth at 35-37° <input type="checkbox"/> Growth at 25 <input type="checkbox"/> Growth in CO ² only <input type="checkbox"/> Growth without CO ² <input type="checkbox"/> Beta hemolysis on blood agar <input type="checkbox"/> Other (specify):

Please list all organisms cultured by your laboratory

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Other comments: