California Department of Public Health Microbial Diseases Laboratory 850 Marina Bay Parkway, MS E-164 Richmond CA 94804

Submission of Bacterial Cultures for Identification

Instructions for Form MDL-N-11 (LAB 446) Including Actinomyces-like organisms but excluding Mycobacteria

Record all the information applicable to the sample submitted on the submittal form MDL-N-11.

Please try to include more than the minimum requested details.

We are unable to process samples that do not contain adequate information.

The minimum information required includes the following.

Patient Demographics: Include the patient's name or other unique identifier, patient's age or date of birth, patient's gender, suspected disease, and name of requesting physician.

Patient History: Include the diagnosis or disease suspected, onset date, acute symptoms, treatment and outcomes, underlying or chronic conditions present, exposure/travel history (if applicable), and contact history (if applicable).

Submitter Information: Include the submitters name and location

Sample Information: Include the sample source and/or type, date of collection, test requested and suspected agent.

Cultural history (on form's reverse): Include the isolation method – in pure culture or in mixed culture, the number of times that organism was isolated from this source and patient, other sources from patient that yield the target organism, and how many times (if applicable) for each, identification of all other organisms recovered, name of medium used, and inoculation date of medium used.

Biochemical, Molecular, or Serological Testing (on form's reverse): Include the names of all tests used to determine the suspected identification of the sample.

Packaging and shipping: The shipper is responsible for making sure that all samples are packaged and shipped according to the current federal and state packaging and shipping regulations for Category A infectious substances and/or Category B diagnostic samples.

- Send a young, actively growing subculture of your <u>pure</u> isolate.
- Use a tubed solid agar medium that supports good organism growth and is labeled with the patient's name or unique identifier and the date the tube was inoculated.
- The preferred medium is <u>without</u> carbohydrates.
- Do not submit Enterobacteriaceae on TSI slants.

For safety, all submitted culture tubes must have a tightened screw cap secured in place using tape.

If you have questions regarding sample submission, call the MDL for guidance – 510-412-3700.

Before shipment, insert the completed Submittal Form MDL-N-11 between the inner metal container and the outer cardboard container.

updated 1-21-2011

State Laboratory number

BACTERIAL CULTURE FOR IDENTIFICATION (Include Actinomyces-like Cultures; Exclude Mycobacteria Cultures)

Please print or type	•					
Patient's name (last, first) Age		Sex	Description of Specimen Date collected			
Address			<u> </u>	Date conected		
				Check source:	·····	· · · · · · · · · · · · · · · · · · ·
Physician's name		Human Animal—species: Other (specify):				
Clinical condition or suspec	ted disease		Date of onset	Conter (specify):		
	: 	χ		Origin of specimen:		
Case · Epide	emic 🔲 Sporadic 🔲 Cor	ntact 🗌 Car	the second s	Blood Serum	🔲 Sputum	
Return report to:	· Ø		** 1	Throat Urine	E Feces	🔲 Skin
Name			ł	Tissue, type: Pus, source:		
Address		Exudate, source:				
				Wound, location:		
				Other, specify:		
ZIP code	• • او	· · ·		Submitter's identification of c	organism	
· · ·						
Antimicrobial agents:						
Types	Dosage	Date Begun	Date Completed	1		
	· · · · · · · · · · · · · · · · · · ·					:
J						
	· ·			Important: Enter your labor	atory findings on <i>re</i>	verse.
<u></u>	I	Report of State Lab	oratory investigation			
			•		,	
•				•		
• • •		DO NOT WRITE	IN THIS SPACE			
				,		
KEY	Other tests or comments:			Organism identified as:		<u> </u>
A = acid K = alkaline S = strong Gr. = growth NGr. = no growth	•		•	· .		
G = gas * = vial for gas detection + = positive		. · · ·				
-= negative () = number of days blank = not done				Date received	Date reported	

Microbial Diseases Laboratory • 850 Marina Bay Parkway, E164 • Richmond, CA 94804 • (510) 412-3700

	Submitter's I	Laboratory Findings		
Cultures made from original <i>clin</i> .	ical sample were: 👘 🗍 Pure	Mixed		
	esent:			3
_			<u> </u>	
Indicate colony count where app	licable (e.g., urine):	· · · ·	•	
Number of times organ submitte	d: (a) isolated from patient:			·····
	(b) transferred in the laborate	ory:	·	
Medium(s) on which primary gro	wth was obtained:	-		·
	eparations made <i>directly</i> from clinic		🔲 No	,
If yes, was this organism seen?	¢.			
	aing submitted:	•		
Date inoculated:				
		Atmocharo	 Ior	acth:
Conditions of incubation prior to	mailing: Temperature:	Atmosphere		Igui.
K = alkaline + = po S = strong - = ne; Gr. = growth () = nu; NGr. = no growth blank = no;		· · · · · · · · · · · · · · ·		
Morphology		Hemolysis	Base Used	
Gram stain TSI: Slant		Growth:	Glucose	
atalase Butt		MacConkey Agar	Levulose	·
Oxidase	H ₂ S Aesculin Hydrolysis	SS Agar Cetrimide Agar	Lactose	
Motility Loeffier's Pigmentation	Falkow Lysine	25°C	Maltose	
Proteolysis	Malonate	35°C	Sucrose	
Pseudomonas F	Phenylpyruvic Acid	42°C	Raffinose	
Agar P	Sodium Acetate	Aerobicaliy	Adonitol	
Gelatin Hydrolysis	Moeller's Lysine Decarboxylase	CO2	Dulcitol	
Litmus Milk	Moeller's Arginine Dihydrolase	Anaerobically	Giycerol	
Citrate (Simmons')	Moeller's Ornithine	Nutri. Br. 0% NaCl	Inositol	
Indol	Decarboxylase	Nutri, Br. 3% NaCl	Mannitol	·····
Urea Hydrolysis	KCN	· • • • • • • • • • • • • • • • • • • •	Sorbitol	
Nitrates	Mucate		Salicin	
V-P	OF Medium Open			· .
	+ Glucose Closed	· · · · · · · · · · · · · · · · · · ·		
Agglutination reactions	Other tests or comments			· · · . ·
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