

# Microbiology Culture Diagnostic Report

Patient Name	_____	Patient ID	_____
Date of Birth	____/____/____	Gender	_____
Referring Physician	_____	Date Collected	____/____/____
Sample Type	_____	Sample ID	_____

## CULTURE RESULT

Organism	Colony Count	Significance
_____	_____	_____
_____	_____	_____

## ANTIBIOGRAM

Antibiotic	Result	MIC (Âµg/mL)	Interpretation
_____	_____	_____	_____
_____	_____	_____	_____

## COMMENTS / NOTES

\_\_\_\_\_

\_\_\_\_\_

Reported by	_____	Date Reported	____/____/____
Verified by	_____		