

# 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 ( $\mu$ g/mL)	Interpretation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## COMMENTS / NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reported by \_\_\_\_\_ Date Reported \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Verified by \_\_\_\_\_