ADAMA PUBLIC HEALTH RESEARCH & REFERRAL LABORATORY

CENTER

ADAMA, ETHIOPIA

Address: P.O. Box 688 Adama Tele: +251-22-112-7962 Fax: +251-22-111-3522 oregionallab@gmail.com

CLINICAL BACTERIOLOGY TEST REQUEST FORM

Referring Health facility: ……..
Patient full name: ……..
Age …… Sex: …….Pt. Card number: …….
Specimen ID……
Patient address: ……
Telephone: Patient ……..……..

Ordering clinician: ……
Phone: clinician…… HF ……..
Diagnosis: ……...
Current Antibiotics: ……..
Clinical History: ……...
……

Type of Specimen: ……
Specimen Collection Date: ……..…Time: ……
Collected by: ……
Date of specimen received: …… Time: ……

Test Requested: ☐ Routine ☐ Urgent
☐ Gram Stain ☐ Routine Culture and DST
☐ Acid-fast Stain:
Others: ……..

Cost: ☐ Free ☐ Paid……Et.birr
(For lab use only)**LABORATORY REPORT**

Receipt number ……...
Reception Specimen ID. ……....

Gram stain:
Polymorphonuclear neutrophils (PMN): ……...
Squamous epithelial cells: ……..
Gram-positive cocci: ……..
Gram-negative rods: …… Yeast: ……
Others: ……
India ink: ……
Acid-fast stain: ……
Tech: ……..…… Date: ……

Culture (Preliminary report): …… … …….
……
……
Tech: ……Date: ……

Culture (Final report): ……
……
……
Tech: ……Date: ……

Drug	Zone size (mm)	Interp. (S, I, R)	Drug	Zone size (mm)	Interp. (S, I, R)
Ampicillin			Ampicillin		
Cefazolin			Cefazolin		
Gentamicin			Gentamicin		
Amoxicillin/clavulanate			Amoxicillin/clavulanate		
Piperacillin-Tazobactam			Piperacillin-Tazobactam		
Cefuroxime			Cefuroxime		
Cefotaxime			Cefotaxime		
Ciprofloxacin			Ciprofloxacin		
Imipenem			Imipenem		
Trimethoprim/Sulfa			Trimethoprim/Sulfa		
Chloramphenicol			Chloramphenicol		
Nitrofurantoin			Nitrofurantoin		

Final report verified by: …….. Date: …….