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PLEASE DO NOT SEND ISOLATES OF *M. TUBERCULOSIS*. PLEASE DO NOT USE UN2814. PLEASE USE UN3373 BIOLOGICAL SUBSTANCES, CATEGORY B FOR ALL PACKAGES.

PATIENT IDENTIFICATION:
(Insert label here, type, or PRINT LEGIBLY)

Samples submitted should be pure culture isolates (see list below). If submitted in liquid, tubes must be properly packaged to prevent leakage and breakage.

NAME_____ DOB_____ SEX_____
LAST FIRST

SPECIMEN #_____ ☐CF ☐ Non-CF ☐ Unknown

DIAGNOSIS: _____

SUSPECTED ORGANISM: ☐ **Probe (-) for MTBC** ☐ Rapidly Growing Mycobacteria

☐ Slowly Growing Nontuberculous Mycobacteria ☐ *Mycobacterium marinum*

☐ *Mycobacterium avium* complex (MAC) ☐ Nocardia

☐ Unknown NTM ☐ Other Aerobic Actinomycetes

DATE SPECIMEN COLLECTED: _____ SOURCE OF SPECIMEN _____

REPORT TO BE SENT TO: (insert label or PRINT LEGIBLY)

NAME _____ PHONE #_____

ADDRESS_____ FAX # _____

_____

_____ **EMAIL:** _____

BILLING ADDRESS: NOTE: WE DO NOT BILL INSURANCE COMPANIES, MEDICARE OR PATIENTS.

NAME _____ PHONE # _____

ADDRESS _____

_____ **P.O./VENDOR #** _____

ATTENDING PHYSICIAN NAME & PHONE #: _____

PERSON(S) SUBMITTING SPECIMEN OR CONTACT PERSON:

NAME _____ PHONE _____

NAME OF LAB_____ TYPE OF MEDIUM SUBMITTED _____
(if different from report address above)

Tests Requested: DATE SUBMITTED _____

☐**Susceptibility** ☐**Identification** ☐**DNA Strain Typing**

☐**Special Request (describe)** _____

PLEASE DO NOT SEND PACKAGES FOR DELIVERY ON THE WEEKEND.

Packages sent without electronic tracking capabilities are the sole responsibility of the sender.