

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 pure 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 without 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.

BACTERIAL CULTURE FOR IDENTIFICATION

(Include Actinomyces-like Cultures; Exclude Mycobacteria Cultures)

State Laboratory number _____

Please print or type.

Patient's name (last, first)	Age	Sex	Description of Specimen
Address			Date collected _____
Physician's name			Check source: <input type="checkbox"/> Human <input type="checkbox"/> Animal—species: _____ <input type="checkbox"/> Other (specify): _____
Clinical condition or suspected disease		Date of onset	Origin of specimen: <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Sputum <input type="checkbox"/> CSF <input type="checkbox"/> Throat <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Skin
<input type="checkbox"/> Case <input type="checkbox"/> Epidemic <input type="checkbox"/> Sporadic <input type="checkbox"/> Contact <input type="checkbox"/> Carrier			Tissue, type: _____
Return report to: Name _____			Pus, source: _____
Address _____			Exudate, source: _____
ZIP code _____			Wound, location: _____
			Other, specify: _____
			Submitter's identification of organism _____

Antimicrobial agents: None

Types	Dosage	Date Begun	Date Completed

Important: Enter your laboratory findings on *reverse*.

Brief but complete case history, therapy, outcome (*print or type*)

Report of State Laboratory Investigation

DO NOT WRITE IN THIS SPACE

KEY 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	Other tests or comments:	Organism identified as:
		Date received _____ Date reported _____

