

Antibiotic Sensitivity Test

Date of Request:

Patient's Name:

Patient's Date of Birth:

Patient's Sex:

Referring Physician's Name:

Clinical Diagnosis:

Additional Clinical Notes:

Referring Physician's Signature

Laboratory Name and Address:

Laboratory's Contact Information:

Date and Time of Specimen Collection:

Specimen Type Collected:

- Blood Culture
- Urine Culture
- Wound Culture
- Sputum Culture
- Throat Culture
- Other:

Method/s used:

Additional Notes on the Results:

Laboratory Technician's Name and Signature