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:

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Laboratory Technician's Name and Signature