

Yeast Infection Test Report

Patient Details

- Full Name: _____
- Patient ID: _____
- Age: _____ Gender: _____
- Date of Birth: _____
- Contact Information:
 - Phone: _____
 - Email: _____
 - Address: _____

Clinical Details

- Referring Physician: _____
- Date of Sample Collection: _____
- Type of Sample: (e.g., vaginal swab, oral swab, etc.)
- Clinical Symptoms:
 - Itching: _____ (Yes/No)
 - Burning: _____ (Yes/No)
 - Discharge (describe): _____
 - Redness: _____ (Yes/No)
 - Swelling: _____ (Yes/No)
 - Pain: _____ (Yes/No)
 - Other: _____

Microscopic Examination

1. Wet Mount Preparation:

- Presence of budding yeast cells: _____ (Yes/No)
- Presence of pseudohyphae: _____ (Yes/No)
- White blood cells count: _____ per high power field
- Comments: _____

2. Gram Stain:

- Gram-positive budding yeast cells: _____ (Yes/No)
- Gram-positive pseudohyphae: _____ (Yes/No)
- Comments: _____

Culture Examination

1. **Medium Used:** _____ (e.g., Sabouraud Dextrose Agar)

2. **Incubation Period:** _____ days at _____ °C

3. Observations

- Colony morphology: _____
- Size of the colony: _____ mm
- Texture: _____
- Color of the colony: _____
- Hemolysis (if any): _____
- Other notable features: _____

Biochemical and Molecular Tests (if performed)

1. **Germ Tube Test:** _____ (Positive/Negative)

- Comments: _____

2. CHROMagar Candida

- Color differentiation: _____
- Comments: _____

3. Molecular Identification (e.g., PCR)

- Target gene/sequence: _____
- Result: _____ (Positive/Negative)
- Comments: _____

Final Identification

- **Species of Candida Identified:** _____

Antifungal Susceptibility Testing (if performed)

Antifungal Agent	MIC ($\mu\text{g/mL}$)	Interpretation (S/I/R)
Fluconazole		
Amphotericin B		
Itraconazole		
[Other]		

Recommendations

- Preferred antifungal treatment: _____
- Duration of treatment: _____ days/weeks
- Follow-up required: _____ (Yes/No)
- Additional notes or precautions: _____

Laboratory Details

- Name of the Lab: _____
- Address: _____
- Contact Information:
 - Phone: _____
 - Email: _____
- Lab Technician: _____
- Lab Director/Pathologist: _____
- Date of Report: _____

This template provides a comprehensive overview of the tests and results. However, it's essential to remember that the specific tests, methodologies, and interpretations can vary based on the laboratory and the available resources. Always consult with a healthcare professional or laboratory technician for specific details and interpretations.