



Client / DVM	SAMPLE REPORT	SPECIES:	SPECIMEN # FOR LABORATORY USE ONLY
Patient NAME:			
Address:			PRELIM RESULT:
City/ST/Zip:			FINAL RESULT:
Telephone:		FAX:	

MICROBIOLOGY REPORT

ORGANISM #1		COLLECTION DATE:	
ORGANISM #2		SAMPLE/SOURCE:	
ORGANISM #3			

ANTIBIOTICS: (KB)	ORGANISM #1	ORGANISM #2	ORGANISM #3
AMIKACIN			
AMPICILLIN			
BAYTRIL / ENRO (2ND GEN)			
CEPHALOTHIN (1ST GEN)			
CEFTAZIDIME (3RD GEN)			
CEFPODOXIME (3RD GEN)			
CEFOVECIN (3RD GEN)			
CHLORAMPHENICOL			
CLAVAMOX			
CIPROFLOXACIN (2ND GEN)			
CLINDAMYCIN			
DOXYCYCLINE			
GENTAMICIN			
IMIPENEM			
MARBOFLOX (3RD GEN)			
NEOMYCIN			
ORBIFLOXACIN (3RD GEN)			
OXACILLIN			
PIPERACILLIN			
POLYMYXIN B			
SULFA / TRIMETH			
TETRACYCLINE			
TICARCILLIN			
VANCOMYCIN			

S - SENSITIVE
R - RESISTANT
I - INTERMEDIATE



COMMENT: Sample report (KB susceptibility)

N/A: Not applicable for this organism.