MYCOBACTERIOLOGY EXAMINATION REQUEST

PHL LAB NO.

PATIENT (LAST NAME)   (GIVEN NAME)   (M.I.)

ADDRESS OF PATIENT (STREET, CITY)

AGE | SEX   ☐ DRUG THERAPY? SPECIFY

SPECIMEN
- ☐ Sputum   ☐ Urine
- ☐ Other _____

Date collected _____

CULTURE
- ☐ Identification
- ☐ Drug Susceptibility

Source _____

Date collected _____

SPECIMEN SENT BY

PHONE

DR.

FACILITY

OREGON STATE HEALTH DIVISION

71-73 (7-88)   Public Health Laboratory   P.O. Box 275   Portland, Oregon 97207

Mycobacteriology Examination Request (Form 8533)

Form 8533 (formerly 71-73) is used to submit primary specimens for isolation and identification of mycobacteria. Complete the "PATIENT INFORMATION" section.