Laboratory Request Performa for *Escherichia coli* and *Salmonella*Serotyping

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Name of re	equesting	Officer:																
Designatio																		
Name and	Address	of request	ing Instit	ute:														
Reference	No.						Isol	ate No.										
Contact Details Lan									Мо	Mobile:								
		ax							E-mail ID									
Purpose of	serotyp	ing																
Research P	roject	Outb	reak 🔃	Other														
Source Det	ails						_ Sample Details											
Human				Blood	Blood Date of iso						lation & Identification:							
Animal				Urine			Transportation medium used:											
Food					Feces Date of inc													
Poultry					Blood Date o													
Environme	nt									videntification:								
Water		c .t		Body	Fluid													
Other		Specify		-														
Biotyping/ s	serotypi	ng /Antin	nicrobia	l Suscep	tibility to	esting	detail	S										
Catalase	Oxidase Motility Glucose lactose Indole M		MR	VP	/P Citrate TSI		Ure	ase Nitrate	Other									
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Ampicillin	Ampicillin Chloramphenicol Co		Co-tri	moxazole	oxazole Tetracycline		Gentamicin		Amik	acın	Nitrofurantoin	Nalidixic acid Norflox		Norfloxacin				
Ciprofloxa	cin Ce	furoxime	Cefotet	an Cefoxi	tin Cefot	Cefotaxime		Ceftazidime		ime	Ticarcillin/Clavu	lanic acid Piperacillin,		acillin/Tazobactun				
Aztreo	nam	Imipe	nem N	/leropene	openem Ertapene		em				Ot	thers						
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Dro	liminary	serology (if done)															
		ular meth		no)														
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linical Deta	alls																	
Clinical History and presenting																		
symptoms																		
Physical examination findings																		
Investigati	on/ Lab f	indings																
Treatment																		

- # Free of cost testing
- # Performa should be completed in all respects and no column should remain blank.
- # One form should be filled for each isolate.
- # Form should be accompanied with a covering letter.
- # Samples should be packed in triple layer packaging with appropriate labelling.