



<b>OFFICE USE ONLY</b>	
Accession # _____	
Rec'd _____	Assigned _____

264 Greene Hall  
Auburn University  
Auburn, AL 36830-5519  
Web: <http://www.vetmed.auburn.edu/bacteriology-and-mycology>  
Email: vmbact@auburn.edu

## BACTERIOLOGY/MYCOLOGY

Dr. Kenny V. Brock, Director

Information: 334-844-2658  
Fax: 334-844-2652

<b>OWNER INFORMATION</b>	
Name: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
County: _____	
ANIMAL NAME/ID _____	
Species _____	Breed _____
Sex _____	
Age _____	Month _____ Year (check one)

<b>CLINIC INFORMATION</b>	
Referring Veterinarian: _____	
Clinic Name: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
LICENSE NO: _____ STATE: _____	
Phone: (____) _____	FAX: (____) _____
Email: _____	
Fax results:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**HISTORY (Indicate primary purpose for submitting specimen).**


**SPECIMEN DETAILS**

Specimen Submitted:			
Date Collected:		Date Shipped:	
Disease/Pathogen Suspected:			
Antimicrobial Treatment:			

**SERVICE(S) REQUESTED**

<input type="checkbox"/>	Antimicrobial Susceptibility (per Isolate)
<input type="checkbox"/>	Bacterial Culture (Aerobic)
<input type="checkbox"/>	Bacterial Culture (Anaerobic)
<input type="checkbox"/>	Blood Culture
<input type="checkbox"/>	<i>Brucella canis</i> Serology (RSAT)
<input type="checkbox"/>	<i>C. difficile</i> Toxin Test
<input type="checkbox"/>	<i>C. perfringens</i> Toxin Test
<input type="checkbox"/>	Cryptococcal antigen latex agglutination
<input type="checkbox"/>	Fecal Culture ( <i>Campylobacter</i> spp. Screen Only)
<input type="checkbox"/>	Fecal Culture ( <i>Salmonella</i> spp. Screen Only)
<input type="checkbox"/>	Fecal Culture ( <i>Salmonella</i> spp. & other Fecal Pathogens)

<input type="checkbox"/>	Fungal Culture-Deep Systemic
<input type="checkbox"/>	Fungal Culture-Dermatophyte
<input type="checkbox"/>	Microscopic-Bacterial
<input type="checkbox"/>	Microscopic-Fungal
<input type="checkbox"/>	Mycobacterium Culture
<input type="checkbox"/>	Mycoplasma Culture
<input type="checkbox"/>	Strangles Screen ( <i>Streptococcus equi</i> ssp. <i>equi</i> )
<input type="checkbox"/>	Kit 1: Four Port-A-Cul tubes for solids
<input type="checkbox"/>	Kit 2: Four Port-A-Cul vials for fluids
<input type="checkbox"/>	Kit 3: Combo Pack – two Port-A-Cul tubes & two vials
<input type="checkbox"/>	Kit 4: Four blood culture bottles

## Submission Fees

<b>Cultures</b>	
Bacterial (Aerobic)	
With Identification of 1–2 Organisms	\$23.00
Each Additional Identification	\$6.00
Bacterial (Anaerobic)	
With Identification of 1-2 Organisms	\$20.00
Each Additional Identification	\$6.00
Blood Culture	\$13.00
Fecal Culture ( <i>Salmonella</i> spp. Screen Only)	\$17.00
Fecal Culture ( <i>Campylobacter</i> spp. Screen Only)	\$17.00
Fecal Culture (for <i>Salmonella</i> spp. and other Fecal Pathogens)	\$23.00
Strangle Screen ( <i>Streptococcus equi</i> ssp. <i>equi</i> )	\$14.00
Fungal Culture – Deep systemic	\$14.00
Fungal Culture – Dermatophyte	\$12.00
Mycobacterium Culture	\$12.00
Mycoplasma Culture	\$17.00
<b>Antimicrobial Susceptibilities</b>	
Antimicrobial Susceptibility per Isolate	\$12.00
Individual Drug Susceptibility	\$15.00
Resistant Panel per Isolate	\$35.00
<b>Microscopic Exams (when ordered without a culture)</b>	
Gram Stain	\$6.00
Fungal Preparation (KOH)	\$6.00
Dermatophilosis Smear	\$8.00
Acid Fast Stain	\$14.00
<b>Serology</b>	
<i>Brucella canis</i> Serology (RSAT)	\$16.00
Cryptococcal antigen latex agglutination	\$13.00
<b>Toxin Tests</b>	
<i>Clostridium perfringens</i> Toxin Test	\$30.00
<i>Clostridium difficile</i> Toxin Test	\$30.00
<b>Transport kits</b>	
Kit 1: Four Port-A-Cul tubes for solids	\$25.00
Kit 2: Four Port-A-Cul vials for fluids	\$25.00
Kit 3: Combo Pack – two Port-A-Cul tubes & two vials	\$25.00
Kit 4: Four blood culture bottles	\$30.00

## Submission Requirements

### SPECIMEN COLLECTION

- Perform a surgical scrub prior to collection to remove normal flora.
- Collect sufficient fluid or tissue to perform all necessary tests.

### TRANSPORT

- Samples should be submitted in separate sterile containers.
- Proper transport devices are a must. Port-a-cul tubes and vials will support aerobes, anaerobes, mycobacteria and fungi.
- Fecal samples should be received in the laboratory within 24 hours. No swabs.
- All specimens must be **shipped overnight with a cool pack** in an insulated container.

**Exceptions:** dermatophyte cultures, blood cultures, and specimens suspect for *Pythium* spp. or zygomycetes.

### PATIENT INFORMATION

- Identify tests desired, collection method, provide history and suspected pathogen(s).

Do not hesitate to contact the laboratory if you have specific questions or concerns.