



OFFICE USE ONLY	
Accession # _____	
Rec'd _____	Assigned _____

264 Greene Hall
Auburn University
Auburn, AL 36849-5519
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Fax: 334-844-2652
Web: <http://www.vetmed.auburn.edu/about/dept-of-pathobiology/diagnostic-services/>

BACTERIOLOGY/MYCOLOGY

Email: ymbact@auburn.edu

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

CLINIC INFORMATION	
Referring Veterinarian: _____	
Clinic Name: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
LICENSE NO: _____ STATE: _____	
Phone: (____) _____	FAX: (____) _____
Email: _____	
FAX: _____	EMAIL: _____

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) MIC
<input type="checkbox"/>	Antimicrobial Susceptibility (per Isolate) KB
<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"/>	Cryptococcal antigen titer assay
<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"/>	Fungal Susceptibility (per Isolate) MIC
<input type="checkbox"/>	Microscopic-Bacterial
<input type="checkbox"/>	Microscopic-Fungal
<input type="checkbox"/>	Mycobacterium Culture
<input type="checkbox"/>	Mycoplasma Culture
<input type="checkbox"/>	Resistant Susceptibility Panel
<input type="checkbox"/>	Strangles Screen (<i>Streptococcus equi</i> ssp. <i>equi</i>)
<input type="checkbox"/>	Kit 1: Four ACT II tubes for solids and fluids
<input type="checkbox"/>	Kit 2: Four Blood Culture Bottles

Submission Fees

Cultures	
Bacterial (Aerobic)	
With Identification of 1–2 Organisms	\$25.00
Each Additional Identification	\$8.00
Bacterial (Anaerobic)	
With Identification of 1-2 Organisms	\$28.00
Each Additional Identification	\$12.00
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
Strangles Screen (<i>Streptococcus equi</i> ssp. <i>equi</i>)	\$14.00
Fungal Culture – Deep systemic	\$14.00
Fungal Culture – Dermatophyte	\$12.00
Mycobacterium Culture	\$15.00
Mycoplasma Culture	\$17.00
Antimicrobial Susceptibilities	
Antimicrobial Susceptibility per Isolate (MIC)	\$16.00
Antimicrobial Susceptibility per Isolate (KB) for topical applications such as eyes & ears	\$10.00
Food Animal or Mastitis Antimicrobial Susceptibility per isolate (KB)	\$10.00
Individual Drug Susceptibility	\$15.00
Resistant Panel per Isolate	\$35.00
Fungal Susceptibility per Isolate (MIC)	\$150.00
Microscopic Exams (when ordered without a culture)	
Gram Stain	\$6.00
Fungal Preparation (KOH)	\$6.00
Dermatophilosis Smear	\$9.00
Acid Fast Stain	\$14.00
Serology	
<i>Brucella canis</i> Serology (RSAT)	\$28.00
Cryptococcal antigen latex agglutination	\$20.00
Cryptococcal antigen titer assay	\$150.00
Toxin Tests	
<i>Clostridium perfringens</i> Toxin Test	\$34.00
<i>Clostridium difficile</i> Toxin Test	\$34.00
Transport kits	
Kit 1: Four ACT II tubes for solids and fluids	\$50.00
Kit 2: 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: 334-844-2658