



Accession # \_\_\_\_\_

Rec'd \_\_\_\_\_ Assigned \_\_\_\_\_

350 Greene Hall Annex  
Auburn University  
Auburn, AL 36849-5519  
Ph: 334-844-2690  
Fax: 334-844-2652

Web: <http://www.vetmed.auburn.edu/about/dept-of-pathobiology/diagnostic-services/>

Email: [ymbact@auburn.edu](mailto:ymbact@auburn.edu)

## BACTERIOLOGY/MYCOLOGY

### 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 (all submitted samples become the property of Auburn University)

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

### SERVICE(S) REQUESTED (each accession will be charged a \$5.00 accessioning fee, in addition to the requested testing)

<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> tube agglutination assay
<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"/>	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

<b>Cultures</b>	
Bacterial (Aerobic)	
With Identification of 1–2 Organisms	\$30.00
Each Additional Identification	\$8.00
Bacterial (Anaerobic)	
With Identification of 1-2 Organisms	\$32.00
Each Additional Identification	\$12.00
Blood Culture	\$13.00
Fecal Culture ( <i>Salmonella</i> spp. Screen Only)	\$20.00
Fecal Culture ( <i>Campylobacter</i> spp. Screen Only)	\$17.00
Fecal Culture (for <i>Salmonella</i> spp. and other Fecal Pathogens)	\$26.00
Strangles Screen ( <i>Streptococcus equi</i> ssp. <i>equi</i> )	\$14.00
Fungal Culture – Deep systemic	\$20.00
Fungal Culture – Dermatophyte	\$14.00
Mycobacterium Culture	\$15.00
Mycoplasma Culture	\$17.00
<b>Antimicrobial Susceptibilities</b>	
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
<b>Microscopic Exams (when ordered without a culture)</b>	
Gram Stain	\$6.00
Fungal Preparation (KOH)	\$6.00
Dermatophilosis Smear	\$9.00
Acid Fast Stain	\$14.00
<b>Serology</b>	
<i>Brucella canis</i> tube agglutination assay	\$30.00
Cryptococcal antigen latex agglutination	\$20.00
Cryptococcal antigen titer assay	\$150.00
<b>Toxin Tests</b>	
<i>Clostridium perfringens</i> Toxin Test	\$42.00
<i>Clostridium difficile</i> Toxin Test	\$42.00
<b>Transport kits</b>	
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: 334-844-2690