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Auburn University
Auburn, AL 36849-5519
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BACTERIOLOGY/MYCOLOGY

OFFICE USE ONLY

Accession # _____

Rec'd _____ Assigned _____

334-844-2658
Email: vmbact@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 (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)

☐	Antimicrobial Susceptibility (per Isolate) MIC
☐	Antimicrobial Susceptibility (per Isolate) KB
☐	Bacterial Culture (Aerobic)
☐	Bacterial Culture (Anaerobic)
☐	Blood Culture
☐	<i>Brucella canis</i> tube agglutination assay
☐	<i>C. difficile</i> Toxin Test
☐	<i>C. perfringens</i> Toxin Test
☐	Cryptococcal antigen latex agglutination
☐	Cryptococcal antigen titer assay
☐	Fecal Culture (<i>Campylobacter</i> spp. Screen Only)
☐	Fecal Culture (<i>Salmonella</i> spp. Screen Only)

☐	Fecal Culture (<i>Salmonella</i> spp. & other Fecal Pathogens)
☐	Fungal Culture-Deep Systemic
☐	Fungal Culture-Dermatophyte
☐	Microscopic-Bacterial
☐	Microscopic-Fungal
☐	Mycobacterium Culture
☐	Mycoplasma Culture
☐	Resistant Susceptibility Panel
☐	Strangles Screen (<i>Streptococcus equi</i> ssp. <i>equi</i>)
☐	Kit 1: Four ACT II tubes for solids and fluids
☐	Kit 2: Four Blood Culture Bottles