AMINU KANO TEACHING HOSPITAL, KANO.

ZARIA ROAD, P.M.B. 3452, KANO.

MICROBIOLOGY LABORATORY FORM

SURNAME:	FIRST NAME:	AGE:	SEX:	LAB NO.	UNIT NO.
CONSULTANT:	NAME & SIGNATURE OF REQ. DR.:	SPECIMEN:	WARD/CLINIC	DATE OF REQ.	
CLINICAL DETAILS:					

TYPES OF REQUEST:

- ☐ ANALYSIS
- ☐ MICROSCOPY (General)
- ☐ MICROSCOPY (Special).....
- ☐ CULTURE AND SENSITIVITY
- ☐ SEROLOGY: *RVS, HBsAg, HCVab, VDRL,TPHA, CMV, Chlamydia, H.pylori, Toxoplasma, RF, ASO titer*

THE REPORT

APPEARANCE/MACROSCOPY

MICROSCOPY/SEROLOGY REPORT

CULTURE YIELDED

DATE RECEIVED

DATE ISSUED

NAME & SIGN. OF DOCTOR/SCIENTIST

SENSITIVITY

ANTIBIOTICS	ISOLATES		
	1	2	3
Cloxacillin			
Penicillin			
Flucloxacillin			
Tetracycline			
Ampicillin			
Amoxicillin			
Erythromycin			
Azithromycin			
Augumentin			
Cotrimoxazole			
Cephalexin			
Colistin			
Gentamycin			
Streptomycin			
Cetfrizone			
Chloramphenicol			
Nitrofurantoin			
Nalidixic Acid			
Cefuroxime			
Ceftazidine			
Ofloxacin			

OTHER COMMENTS (If any)