

Name _____
 Address _____

 Phone _____ DOB _____

Bacteriology Flow Sheet

60th day of treatment _____ Date of culture conversion* _____

DATE COLLECTED							
SPECIMEN TYPE							
SPECIMEN #							
SMEAR RESULT							
NAAT RESULT							
CULTURE RESULT							
NAME OF LAB							

DATE COLLECTED							
SPECIMEN TYPE							
SPECIMEN #							
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SPECIMEN #							
SMEAR RESULT							
CULTURE RESULT							
NAME OF LAB							

Sensitive = S Resistant = R

Susceptibility Results*

NAAT Results			Conventional Results			Molecular Results			Additional Results		
Date collected			Date collected			Date collected			Date collected		
Specimen #			Specimen #			Specimen #			Specimen #		
Laboratory			Laboratory			Laboratory			Laboratory		
Drug	S	R	Drug	S	R	Drug	S	R	Drug	S	R