

Ocular Microbiology Submission Form

Animal Eye Consultants of Iowa – Ocular Microbiology Laboratory

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Patient's Information

Clinician's Information

Patient:	Clinician:
Owner:	Clinics:
Species:	Address:
Breed:	Phone:
Age:	Fax:
Date:	E-mail:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Previous submission from this patient? <input type="radio"/> Yes <input type="radio"/> No

History

Pertinent Case History:

On Antibiotics?

Yes No

If yes, please describe briefly:

Sample source:

Cornea Eyelid Conjunctiva Orbit Nasolacrimal Duct Intraocular Other

If other, please describe briefly:

Tests (please choose):

Aerobic Culture:

- organism ID
- organism ID and ocular AST
- organism ID and systemic AST
- organism ID, ocular AST, and systemic AST

Anaerobic Culture:

- organism ID

Laboratory use only	
Sample Received	
Microbiology Log	
Technician	