Bacteriology Data Sheet

Patient Name _____

Lab Number	Submitted By	Date Collected	Date Received	**AFB Smear Results**	Date Reported	**Culture Results**	Date Reported	**NAA* Results**	Date Reported

Susceptibility Results:

Date		INH	S / R
Date		RIF	S / R
Date		EMB	S / R
Date		PZA	S / R
Date		STREP	S / R
Date			S / R

*Nucleic Acid Amplification Test