

Test: Aerobic Bacteria Identification

Specimen receiving: Specimens for aerobic bacterial identification will be accepted from Monday thru Friday by 3:30 p.m., except on holidays.

Turn around Time: 21 days, depending on the specimen

Specimen requirements: Pure culture of isolate submitted on a TSA, chocolate agar slant or other suitable transport media. The specimen should be properly labeled with legible patient identifiers.

Specimen transport: Specimens may be transported at ambient temperature. They must be transported in such a way as to prevent spillage or cracking during transport. Specimen should be securely sealed with parafilm to prevent leakage in transport.

Requisition form

- All specimens must be submitted with the appropriate 81.3 requisition form
- Tests will be performed only with a written or faxed request from an authorized person or entity
- The requisition form must legibly include patient name (or other unique identifier)
- The name of the test to be performed must be included
- The specimen site must be listed
- The date of specimen collection is required
- Any additional information relevant and necessary to assure accurate and timely testing and reporting of results is helpful

Normal value: N/A

Result notification: Final laboratory reports will be forwarded to both the submitter and the Disease Investigation Branch (DIB). Special critical value specimens may be faxed to the submitter and/or DIB, as is necessary.

Comments: Some specimens may require additional testing and may be forwarded to the CDC if necessary.

Specimen Submission Requirements, Bacteriology-Parasitology Section, Med Micro Br.

Unacceptable conditions:

- Leaking or cracked specimens
- Contaminated or overgrown specimens
- Illegible or incomplete requisition forms
- Nonviable specimens
- Specimens without matching requisition forms
- Requisition and specimen identifiers do not match
- No submitter or return address on form
- Duplicate specimens from the same patient, in the same day

Test location:

State of Hawaii Dept. of Health Laboratories
Medical Microbiology Branch
Bacteriology-Parasitology Section
2725 Waimano Home Road, 2nd. Floor
Pearl City, HI 96782

Contact information:

Phone: (808) 453-6706
Fax: (808) 453-6716

Approved:



A. Christian Whelen, Ph.D.



Date