Virginia Department of Health
Bacteriology Flow Sheet

Name ________________________________ DOB ______________________

DATE COLLECTED							
SPECIMEN TYPE							
SPECIMEN #							
SMEAR RESULT							
MTD/NAA RESULT							
CULTURE RESULT							
NAME OF LAB							

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CULTURE RESULT							
NAME OF LAB							

Circle and note date of smear conversion and date of culture conversion.

Date of smear conversion ____________
Date of culture conversion ____________

DRUG SUSCEPTIBILITY TESTING: *Mycobacterium tuberculosis* cultures and isolates only

Initial Susceptibility Results Date Collected: ________ Culture or Isolate #: ________ Laboratory			Additional Susceptibility Results Date Collected: ________ Culture or Isolate #: ________ Laboratory		
DRUG	SENSITIVE	RESISTANT	DRUG	SENSITIVE	RESISTANT
Isoniazid			Isoniazid		
Rifampin			Rifampin		
Ethambutol			Ethambutol		
Pyrazinamide			Pyrazinamide		