

Notification of CAP-LPS Agent Transfer
(Complete for each agent transferred to your lab)

Transfer Lab Information

Transfer Laboratory Name:

Caller name:

Phone number:

Suspect organism:

LRN screening test results:

Gram Stain	Positive	Negative	Morphology	
	<input type="checkbox"/>	<input type="checkbox"/>		
Culture	SBA	CHOC	MAC	Other
Additional Tests	Positive	Negative	Comments	
Oxidase	<input type="checkbox"/>	<input type="checkbox"/>		
Catalase	<input type="checkbox"/>	<input type="checkbox"/>		
Motility	<input type="checkbox"/>	<input type="checkbox"/>		
Urease	<input type="checkbox"/>	<input type="checkbox"/>		
Other Tests				
Microscan, Vitek or API Identification				

Patient and/or Source name:

Identifier number (if applicable):

Shipping method (*since this is an exercise, do not actually ask Transfer Lab to ship*)

Carrier:

Expected delivery date:

Documentation being sent with specimen (requisition forms)?

Shipping all (culture isolate and patient specimen)? Yes No

If no, list what is being retained at the transfer lab:

LRN Recipient Lab Information

LRN Lab Name:

Phone call received by (name):

Date/Time of phone call:

Provided the following guidance to the Transfer Lab: