



AAMC – Boston
Pathology Department
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For Angell Lab use only

MICROBIOLOGY SUBMISSION FORM

Date _____

Veterinary Clinic _____ Submitting Clinician _____

Clinic Address _____

Phone _____ Fax _____ E-mail _____

Owner _____ Animal Name _____

Species _____ Breed _____ Age _____ Sex _____

Source (please be specific): _____

Any zoonotic concerns (please be specific): _____

Collection method for urine culture (if applicable):

Cysto Catheter Void Other (please specify): _____

Specimen submitted (ex. Swab, urine in tube, etc): _____

On antibiotics? NO YES (please specify): _____

Type of culture to be ordered:

Aerobic culture and sensitivity

Anaerobic culture and sensitivity

Fungal isolation

Fecal culture