

800 East 28<sup>th</sup> Street  
MR 11136  
Minneapolis, MN 55407-3799  
Phone: 612-863-4678  
Fax: 612-863-4067



**ALLINA  
MEDICAL  
LABORATORIES**

*Allina Hospitals & Clinics*

**Microbiology Susceptibilities Add-On Request**

\*\*\*This form is to be used for requesting susceptibilities to cultures that have been performed at AML on identified organisms.

**Please fax completed form to AML Customer Service at 612-863-4067**

Today's Date: \_\_\_\_\_ Requestor: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ EPIC/SSN/MRN: \_\_\_\_\_

Original Order Date: \_\_\_\_\_ Provider: \_\_\_\_\_

Original Culture: \_\_\_\_\_ Source: \_\_\_\_\_

Pathogen(s) needing susceptibilities: \_\_\_\_\_  
\_\_\_\_\_

Additional antibiotics requested: \_\_\_\_\_

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**For AML Lab Use Only:**

Sample number: \_\_\_\_\_

Date submitted to Microbiology: \_\_\_\_\_

Customer Service Initials: \_\_\_\_\_

**(\*\*\*Scan this form and index as add-on)**