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PLEASE DO NOT SEND ISOLATES OF *M. TUBERCULOSIS*.

PATIENT IDENTIFICATION:
(Insert label here, type, or PRINT LEGIBLY)

Samples submitted should be pure culture isolates
(see list below). If submitted in liquid, tubes must be
properly packaged to prevent leakage and breakage.

NAME _____ DOB _____ SEX _____
LAST FIRST
SPECIMEN # _____ ☐ CF ☐ Non-CF ☐ Unknown

DIAGNOSIS: _____ ☐ Ruled Out MTBC
If MALDI, state ID _____

SUSPECTED ORGANISM: **We DO NOT accept MTBC isolates.**

☐ Slowly Growing Nontuberculous Mycobacteria ☐ *Mycobacterium avium* complex (MAC)
☐ Rapidly Growing Nontuberculous Mycobacteria ☐ Aerobic Actinomycetes Species

DATE SPECIMEN COLLECTED: _____ SOURCE OF SPECIMEN _____

REPORT TO BE SENT TO: (insert label or PRINT LEGIBLY) Please include **FAX #** for faster service.

NAME _____ PHONE # _____
ADDRESS _____ FAX # _____
EMAIL: _____

BILLING ADDRESS: **NOTE: WE DO NOT BILL INSURANCE COMPANIES, MEDICARE OR PATIENTS.**

NAME _____ PHONE # _____
ADDRESS _____
P.O./VENDOR # _____

ATTENDING PHYSICIAN: _____ PHONE # _____

CONTACT PERSON: _____ PHONE # _____
EMAIL: _____ TYPE OF MEDIUM SUBMITTED _____

NAME OF LAB _____
(if different from report address above)
Tests Requested:
A third party laboratory or our laboratory may
perform research on the isolates submitted and the
results of any such de-identified data may be published.
•If mixed/more than 1 colony type, do you want us to isolate?
•If yes, please initial here _____ (\$100 additional charge)
•If not initialed, we will work up only the Predominant colony
type unless you specify differently.

DATE SUBMITTED _____
☐ Susceptibility(routine panel) ☐ Identification ☐ DNA Strain Typing ☐ Special Request (describe)
If MICs, include antimicrobials to test: _____

*****PLEASE DO NOT SEND PACKAGES FOR DELIVERY ON THE WEEKEND.*****
Packages sent without electronic tracking capabilities are the sole responsibility of the sender.