

**Test: Aerobic Bacteria Identification**

**Specimen receiving:** Specimens for aerobic bacterial identification will be accepted from Monday thru Friday by 3:30 p.m., except on holidays.

**Turn around Time:** 14 -28 days, depending on the specimen

**Specimen requirements:** Pure culture of isolate submitted on a TSA, chocolate agar slant or other suitable transport media. The specimen should be properly labeled with legible patient identifiers.

**Specimen transport:** Specimens may be transported at ambient temperature. They must be transported in such a way as to prevent spillage or cracking during transport. Specimen should be securely sealed with parafilm to prevent leakage in transport.

**Requisition form**

- All specimens must be submitted with the appropriate 81.3 requisition form
- Tests will be performed only with a written or faxed request from an authorized person or entity
- The requisition form must legibly include patient name (or other unique identifier)
- The name of the test to be performed must be included
- The specimen site must be listed
- The date of specimen collection is required
- Any additional information relevant and necessary to assure accurate and timely testing and reporting of results is helpful

**Normal value:** N/A

**Result notification:** Final laboratory reports will be forwarded to both the submitter and the Disease Investigation Branch (DIB). Special critical value specimens may be faxed to the submitter and/or DIB, as is necessary.

**Comments:** Some specimens may require additional testing and may be forwarded to the CDC if necessary.

**Unacceptable conditions:**

- Leaking or cracked specimens
- Contaminated or overgrown specimens
- Illegible or incomplete requisition forms
- Nonviable specimens
- Specimens without matching requisition forms
- Requisition and specimen identifiers do not match
- No submitter or return address on form
- Duplicate specimens from the same patient, in the same day

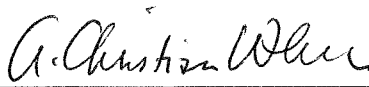
**Test location:**

State of Hawaii Dept. of Health Laboratories  
Medical Microbiology Branch  
Bacteriology-Parasitology Section  
2725 Waimano Home Road, 2<sup>nd</sup>. Floor  
Pearl City, HI 96782

**Contact information:**

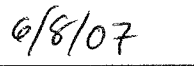
Phone: (808) 453-6706  
Fax: (808) 453-6716

**Approved:**

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A. Christian Whelen, Ph.D.

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Date

Date: June 7, 2007