

MISE A JOUR LE :	PAR :	NATURE DES MODIFICATIONS :
05/09/202201/09/2020	DELVALLEZ HENG. S	Mise à jour
RENOUVELLEMENT LE :	PAR :	

PATIENT IDENTIFICATION:

- Name:
- First name:
- DOB:

PRESCRIBER IDENTIFICATION

Hospital:

Clinic / Lab:

CLINICAL DATA:

- Fever Thrills
- Others:
- Sample n°1 Sample n°2 Sample n°3 More: ...
- Sample site: Right arm Left arm Right leg Left leg Others.....
- Date of sampling: Time of sampling:
- Date of sending to Pasteur:

BOTTLE IDENTIFICATION:

- Aerobic bottle -BACTALERT bottle
- Anaerobic bottle* -Other bottle
- Pediatric bottle

BOTTLE LABEL

***If an aerobic and an anaerobic bottles are both requested:**

- Draw blood in the **anaerobic bottle first**, if you use **needles and syringes**;
- Draw blood in the **aerobic bottle first**, if you use a **winged blood collection set**.

LABORATORY DATA/Technician:

- Date of arrival in the lab:
- Loading date: Time:
- Results:
 - Positive Date: Time:
 - Negative after 7days
- Direct examination: Cocci Bacilli
- Mobility: Yes No
- Gram stain:
- Culture:
- Comment:

ETIQUETTE

CODAT

N°

Result register:

Verificator:

Biological validation:

This document must be scanned in the patient file, when the results are entered in CODATEC

Veillez régulièrement à l'actualisation de vos éditions papier.

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