



Plant Water – Isolate Identification Record

(Ref. **MICLAB 055**)

Sample ID #					Total CFU	
Water Type (Tick appropriate)	WFI <input type="checkbox"/>	RO/Purified <input type="checkbox"/>	Chiller <input type="checkbox"/>	Other <input type="checkbox"/>		
Sample Details	Date			Test Volume (mL)		
	Location			Associated DR#		

Preliminary Identification						
Isolate ID #	Macroscopic Description	CFU	Gram ID	Cell Arrangement (Tick appropriate)	Further ID Required?	Sign/Date
				<input type="checkbox"/> Single <input type="checkbox"/> Pairs <input type="checkbox"/> Tetrads <input type="checkbox"/> Chains <input type="checkbox"/> Clusters <input type="checkbox"/> Palisades <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Single <input type="checkbox"/> Pairs <input type="checkbox"/> Tetrads <input type="checkbox"/> Chains <input type="checkbox"/> Clusters <input type="checkbox"/> Palisades <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Single <input type="checkbox"/> Pairs <input type="checkbox"/> Tetrads <input type="checkbox"/> Chains <input type="checkbox"/> Clusters <input type="checkbox"/> Palisades <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Single <input type="checkbox"/> Pairs <input type="checkbox"/> Tetrads <input type="checkbox"/> Chains <input type="checkbox"/> Clusters <input type="checkbox"/> Palisades <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Single <input type="checkbox"/> Pairs <input type="checkbox"/> Tetrads <input type="checkbox"/> Chains <input type="checkbox"/> Clusters <input type="checkbox"/> Palisades <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Single <input type="checkbox"/> Pairs <input type="checkbox"/> Tetrads <input type="checkbox"/> Chains <input type="checkbox"/> Clusters <input type="checkbox"/> Palisades <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Single <input type="checkbox"/> Pairs <input type="checkbox"/> Tetrads <input type="checkbox"/> Chains <input type="checkbox"/> Clusters <input type="checkbox"/> Palisades <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Further Identification				
Isolate ID #	Date	External Test (Tick appropriate)	Result (Tick appropriate)	Genus/ Genus species Identification
		<input type="checkbox"/> Catalase <input type="checkbox"/> Coagulase <input type="checkbox"/> Oxidase <input type="checkbox"/> KOH <input type="checkbox"/> Other	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	
		<input type="checkbox"/> Catalase <input type="checkbox"/> Coagulase <input type="checkbox"/> Oxidase <input type="checkbox"/> KOH <input type="checkbox"/> Other	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	
		<input type="checkbox"/> Catalase <input type="checkbox"/> Coagulase <input type="checkbox"/> Oxidase <input type="checkbox"/> KOH <input type="checkbox"/> Other	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	
		<input type="checkbox"/> Catalase <input type="checkbox"/> Coagulase <input type="checkbox"/> Oxidase <input type="checkbox"/> KOH <input type="checkbox"/> Other	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	

Additional Comments

Ensure all accompanying Reports are attached if applicable before review.

Results Reviewed		Date	
Results Approved		Date	