



RSM Diagnostics Lab (CLIA ID #: 08D2253750)

2500 Grubb Rd, Ste 120 | Wilmington, DE, 19810
T:302-592-4106 | E mail : info@rsmdiagnosticslab.com

STOOL
Bacteriology Culture & Sensitivity

PATIENT INFORMATION	SAMPLE INFORMATION	PHYSICIAN INFORMATION
Name : John Doe DOB : 12/21/1994 Age : 31 Gender : Male Address : Phone :	Order # : Specimen : Stool Registration Date : 02/12/2025 Collected Date : 02/06/2025 Sample Received Date : 02/12/2025 Report Date : 02/24/2025	Name : NPI Number : Address : Email : Phone :

Bacteriology Culture

Pathogens Detected	Result	Growth
E.coli	+4	

No growth detected

Shows microbial growth by quadrant streak method

Dr. POLURU L. REDDY, Ph.D, DABCC, ASCP (MB)
(Medical Director)



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STOOL
Bacteriology Culture & Sensitivity

PATIENT INFORMATION

Name : **John Doe**
DOB : **12/21/1994** Age : 31
Gender : **Male**
Address :
Phone :

SAMPLE INFORMATION

Order # :
Specimen : **Stool**
Registration Date : **02/12/2025**
Collected Date : **02/06/2025**
Sample Received Date : **02/12/2025**
Report Date : **02/24/2025**

PHYSICIAN INFORMATION

Name :
NPI Number :
Address
Email :
Phone :

Antimicrobial Sensitivity

Antibiotics	Isolate1	
AMPICILIN	Resistant	<input type="checkbox"/>
AMOXICILLIN	Resistant	<input type="checkbox"/>
AMOXICILLIN/CLAVULANATE	Resistant	<input type="checkbox"/>
CEFDINIR	Sensitive	<input checked="" type="checkbox"/>
CEPHALEXIN	Resistant	<input type="checkbox"/>
CEFOXITIN	Resistant	<input type="checkbox"/>
CLINDAMYCIN	Resistant	<input type="checkbox"/>
DOXYCYCLINE	Sensitive	<input checked="" type="checkbox"/>
ERYTHROMYCIN	Resistant	<input type="checkbox"/>
METRONIDAZOLE	Resistant	<input type="checkbox"/>
PENICILLIN	Resistant	<input type="checkbox"/>
TRIMETHOPRIM/SULPHAMETHOXAZOLE	Sensitive	<input checked="" type="checkbox"/>
VANCOMYCIN	Resistant	<input type="checkbox"/>
AZITHROMYCIN	Resistant	<input type="checkbox"/>
RIFAMPICIN	Resistant	<input type="checkbox"/>

Represents the antibiotic is sensitive against the microbes

Represents the antibiotic is Resistant against the microbes

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STOOL
Mycology Culture & Sensitivity

PATIENT INFORMATION

Name : **John Doe**
DOB : **12/21/1994** Age : **31**
Gender : **Male**
Address :
Phone :

SAMPLE INFORMATION

Order # :
Specimen: **Stool**
Registration Date : **02/12/2025**
Collected Date : **02/06/2025**
Sample Received Date : **02/12/2025**
Report Date : **02/24/2025**

PHYSICIAN INFORMATION

Name :
NPI Number :
Address :
Email :
Phone :

Fungal Culture

Pathogens Detected	Result	Growth
Candida albicans	+4	

Antifungal Sensitivity

Antifungal	Isolate1	
AMPHOTERICIN-B	Resistant	<input type="checkbox"/>
CLOTRIMAZOLE	Sensitive	<input checked="" type="checkbox"/>
FLUCONAZOLE	Resistant	<input type="checkbox"/>
ITRACONAZOLE	Sensitive	<input checked="" type="checkbox"/>
KETOCONAZOLE	Resistant	<input type="checkbox"/>
NYSTATIN	Resistant	<input type="checkbox"/>
VORICONAZOLE	Resistant	<input type="checkbox"/>

No growth detected

Shows microbial growth by quadrant streak method

Represents the antibiotic is Sensitive against the microbes

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(Medical Director)

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UPPER RESPIRATORY
Bacteriology Culture & Sensitivity

PATIENT INFORMATION

Name : **John Doe**
DOB : **12/21/1994** Age : **31**
Gender : **Male**
Address :
Phone :

SAMPLE INFORMATION

Order # :
Specimen : **Nasopharyngeal swab**
Registration Date : **02/12/2025**
Collected Date : **02/06/2025**
Sample Received Date : **02/12/2025**
Report Date : **02/24/2025**

PHYSICIAN INFORMATION

Name :
NPI Number :
Address :
Email :
Phone :

Bacteriology Culture

Pathogens Detected	Result	Growth
Streptococcus pneumoniae	+4	

No growth detected

Shows microbial growth by quadrant streak method

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UPPER RESPIRATORY
Bacteriology Culture & Sensitivity

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DOB : **12/21/1994** Age : 31
Gender : **Male**
Address :
Phone :

SAMPLE INFORMATION

Order # :
Specimen : **Nasopharyngeal swab**
Registration Date : **02/12/2025**
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Antimicrobial Sensitivity

Antibiotics	Isolate1	
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AMOXICILLIN	Resistant	<input type="checkbox"/>
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UPPER RESPIRATORY
Mycology Culture & Sensitivity

PATIENT INFORMATION

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DOB : **12/21/1994** Age : **31**
Gender : **Male**
Address :
Phone :

SAMPLE INFORMATION

Order # :
Specimen : **Nasopharyngeal swab**
Registration Date : **02/12/2025**
Collected Date : **02/06/2025**
Sample Received Date : **02/12/2025**
Report Date : **02/24/2025**

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Name :
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Fungal Culture

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