

NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES, SHILLONG
DEPARTMENT OF MICROBIOLOGY

BACTERIOLOGY

Name of Patient :

Age/Sex :

CR. No. :

Address :

IP. No. :

Deptt./Unit *Ophthalmology*

OPD/Ward : *ophthal OT*

Bed No. :

Requested by : *Dr. T. N. Mahanta*

Provisional diagnosis

SF - 647

Antimicrobials administered & duration :

Type of specimen

Date & Time of collection

Investigation required

Any previous report

Ringer's Lactate, Batch NO L0377

Culture (for mba ocular irrigation/ax)

N.B : Other than serological tests, kindly use a single investigation form for an individual test
Samples with incomplete/ineligible forms will not be accepted

(Report overleaf)

Dr. S. N. Mahanta
Signature of Clinician
Date :

NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES, SHILLON
DEPARTMENT OF MICROBIOLOGY

BACTERIOLOGY

Name of Patient :

Age/Sex :

CR. No. :

Address :

IP. No. :

Deptt./Unit Ophthalmology

OPD/Ward : Eye OT

Bed No. :

Requested by : Dr Natung

8F-70

Provisional diagnosis : _____

Antimicrobials administered & duration : _____

Type of specimen : RL

Date & Time of collection : _____

Batch NO - ~~042~~ L-0426

Investigation required : FOR C/S

Any previous report : _____

*N.B : Other than serological tests, kindly use a single investigation form for an individual test.
Samples with incomplete/ineligible forms will not be accepted*

(Report overleaf)

Signature of Clinician
Date :