

Data Documentation Sheet
hemoFISH Masterpanel



Please use one documentation sheet for each individual patient specimen.

ID of blood culture bottle: _____

Name of operator: _____

Date and time blood culture flagged "positive": _____

Date and time blood culture was removed from incubator: _____

Date of Birth and sex of patient: female male DoB: _____

Type of blood culture bottle aerobic anaerobic pediatric

Results Gram stain:

Gram positive bacteria cocci rods none

Gram negative bacteria cocci rods none

Yeast cells visible in Gram stain yes none

Date and time miacom test started: _____

Date and time miacom test finished: _____

Please fill out all boxes (positive signal "+"; no signal "/")

Field	Red	+ or /	Green	+ or /	Comments (optional)
1	Positive control		Negative control		
2	<i>Staphylococcus spp.</i>		<i>Enterobacteriaceae</i>		
3	<i>Staphylococcus aureus</i>		<i>Escherichia coli</i>		
4	<i>Streptococcus spp.</i>		<i>Klebsiella pneumoniae</i>		
5	<i>Streptococcus pneumoniae</i>		<i>Proteus mirabilis</i>		
6	<i>Streptococcus agalactiae</i>		<i>Pseudomonas aeruginosa</i>		
7	<i>Enterococcus faecium</i>		<i>Acinetobacter spp.</i>		
8	<i>Enterococcus faecalis</i>		<i>Stenotrophomonas maltophilia</i>		

Yeast cells visible on miacom slide: yes no

Reference identification: _____

Date of testing: _____ Method of testing: _____

Discrepant result: yes no Result: excluded included

Remarks: _____

Name: _____ Signature: _____