



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT  
DEPARTMENT OF MICROBIOLOGY

**MICROBIOLOGY SPECIMEN REQUISITION FORM FOR CULTURE AND SENSITIVITY**

CR No. : \_\_\_\_\_ Date : \_\_\_\_\_  
Name of Patient : \_\_\_\_\_ Age/Sex : \_\_\_\_\_  
Ward / ICU : \_\_\_\_\_ Type of Sample : \_\_\_\_\_  
Investigation : \_\_\_\_\_ Site of Sample : \_\_\_\_\_  
Date & Time of Sample collection: \_\_\_\_\_

**Brief Clinical History: -**

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\_\_\_\_\_

**Antibiotic History: -**

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\_\_\_\_\_  
\_\_\_\_\_

Name of Faculty I/c: \_\_\_\_\_

Sign of Faculty / Resident.: \_\_\_\_\_



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