

**PORTER HOSPITAL
115 Porter Drive
Middlebury, Vermont 05753**

PATIENT TESTING FOR MRSA STATUS

This form must accompany sample as it serves as the requisition/order for testing.

**This is done at no charge at Porter Laboratory.
(Lab will not collect the culture.)**

**Admitting:
Guarantor is: PORTER SPECIAL**

COMPLETE THE FOLLOWING: Name of Patient: _____
Date of Birth: _____
Site of original MRSA infection: _____
Ordering Physician: _____
Report goes to Ordering (Submitting) physician and a copy to PMC IC

A patient with a history of a MRSA infection can be screened with a Nares culture. The following criteria must be met:

- **Patient must be off all antibiotics for one month prior to collection of culture.**

To submit nares cultures:

- **Collect three (3) nares cultures using a NP Swab, *one Month apart.***
- **Complete the information in box on right above and the collection information. Label the swab with patient's name, date of birth, date and time of collection.**
- **Submit one copy of this form each month with labeled NP swab.**
 - **White for Month 1; Yellow for Month 2; Pink for Month 3**
 - **Goldenrod is the office copy.**

Nares Culture for MRSA #1	Test Code: C-NAR
Source: NARES	Site: MRSA Status
Please submit NP swab to the laboratory for testing.	Billing Number _____
Collection Date: _____	Time: _____ By: _____ Req. No. _____ E__ V__

Nares Culture for MRSA #2	Test Code: C-NAR
Source: NARES	Site: MRSA Status
Please submit NP swab to the laboratory for testing.	Billing Number _____
Collection Date: _____	Time: _____ By: _____ Req. No. _____ E__ V__

Nares Culture for MRSA #3	Test Code: C-NAR
Source: NARES	Site: MRSA Status
Please submit NP swab to the laboratory for testing.	Billing Number _____
Collection Date: _____	Time: _____ By: _____ Req. No. _____ E__ V__