|  |  |
| --- | --- |
| **BACTERIOLOGY LABORATORY** | **LAB USE ONLY** |
| Name :Address :E-mail : | Tel : H/P :Owner : | **LAB. REF. NO.** | **RECEIVED** |
|  | Date : |
| Time : |
| Species : | Breed : |
| Case No: | Sex : |
| Patient ID : | Age : |
| **Report** |
|  | **Sensitivity Test** |
|  | 1 | 2 | 3 | 4 |
| Amoxycilin |  |  |  |  |
| Amox/Clauv |  |  |  |  |
| Ampicillin |  |  |  |  |
| Cephalexin |  |  |  |  |
| Chloramphenicol |  |  |  |  |
| Enrofloxacin |  |  |  |  |
| Erythromycin |  |  |  |  |
| Gentamycin |  |  |  |  |
| Kanamycin |  |  |  |  |
| Neomycin |  |  |  |  |
| Norfloxacin |  |  |  |  |
| Penicillin G |  |  |  |  |
| Polymixin B |  |  |  |  |
| Streptomycin |  |  |  |  |
| Sulfazole/Trime |  |  |  |  |
| Tetracycline |  |  |  |  |
| Triple Sulpha |  |  |  |  |
|  |  |  |  |  |
| Isolate :1.2.3.4. |
| Comments:  |  |
| Charge : **RM**  | Date : | Signature :Bacteriologist : |

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