

Mercy Medical Center – North Iowa

1000 4th St Sw • Mason City, Iowa 50401 • Ph.: (641) 422-7494

Laboratory – Microbiology Department

Reference Lab Mayo

Referral Form

Name / Address of Physician / Organization:

Phone:

FAX FORM DIRECTLY TO MERCY MICROBIOLOGY: 641-428-6963

PATIENT IDENTIFICATION:

Patient Name: _____

Date of Birth: _____

Date Specimen was Collected: Mo_____ Day_____ Yr_____

Time Specimen was Collected: _____

Source of Specimen (Specify site): _____

Organism Gram Stain Result (Fill this section in if you are sending the organism to Mayo for an ID):

Organism Identification (Fill in this section if you are sending the organism to Mayo for a MIC, only):

Note: Ensure the isolate is growing on the slant and is in pure culture, before submitting to Mayo Medical Labs.

This form should be used when submitting an isolate to Mayo Medical Labs (for ID, ID/MIC or just a MIC). Fax the form the day you are sending the isolate to Mercy, so that Mercy Microbiology is aware that the isolate is coming.