

Micrim Labs Inc.

MICRIM LABS, INC.

800 NE 62nd Street \* Ste 202 Ft  
Lauderdale Fl 33334 1-800-330-GERM  
www.micrimlabs.com

Medicare Provider No: L8315  
Employer ID No: 59-1936507  
Florida State Licensure No: 800001156



Physician or Institute Name

NATIONAL MARINE FISHERIES  
10801 DOLPHIN LANE  
GULFPORT, MS 39503

PHONE # 305-361-4233

Report Number: 14C1367

Date Received: 3/19/2011

Patient Name: 6511MMS031711

Patient Last Name: 6511MMS031711

Source of Culture: LUNG ASSOCIATED LN

Test Required: C/F

Date Out: 4/4/2011

Doctor: DR CONNIE CHERS

Organisms Are Listed In

Order Of Predominance

S= Sensitive  
R= Not Sensitive  
I= Intermediate Susceptibility  
M= Moderately Sensitive

Organisms Are Listed In	Order Of Predominance	AMPICILIN	CARBENICILLIN	CLINDAMYCIN	CEPHALOTHIN	COLISTIN	CHLORAMPHENICOL	ERYTHROMYCIN	NEOMYCIN	BACITRACIN	GENTAMICIN	AMIKACIN	METHICILLIN	CEFTIFUR	PENICILLIN	BACTRIM/SEPTRA	TOBRAMYCIN	TETRACYCLINES	METRONIDAZOLE	AUGMENTIN	CIPROFLOXACIN	ENROFLOXACIN	MARBOFLOXACIN	CEFPODOXIME	CONVENIA
NO FUNGAL GROWTH 14 DAYS																									
POST INOCULATION																									

CLW







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Physician or Institute Name

NATIONAL MARINE FISHERIES  
10801 DOLPHIN LANE  
GULFPORT, MS 39503

PHONE # 305-361-4233

Report Number: 11C1373

Date Received: 3/19/2011

Patient Name: 6511MMS031711

Patient Last Name: 6511MMS031711

Source of Culture: TIVER

Test Required: C/F

Date Out: 4/4/2011

Doctor: DR CONNIE CHERS

Organisms Are Listed In

Order Of Predominance

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M= Moderately Sensitive

NO FUNGAL GROWTH 14 DAYS

POST INOCULATION

Order Of Predominance	AMPICILIN	CARBENICILLIN	CLINDAMYCIN	CEPHALOTHIN	COLISTIN	CHLORAMPHENICOL	ERYTHROMYCIN	NEOMYCIN	BACITRACIN	GENTAMICIN	AMIKACIN	METHICILLIN	CEFTIFUR	PENICILLIN	BACTRIM/SEPTRA	TOBRAMYCIN	TETRACYCLINES	METRONIDAZOLE	AUGMENTIN	CIPROFLOXACIN	ENROFLOXACIN	MARBOFLOXACIN	CEFPODOXIME	CONVENIA

all



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Medicare Provider No: L8315  
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Florida State Licensure No: 800001156



Physician or Institute Name

NATIONAL MARINE FISHERIES  
10801 DOLPHIN LANE  
GULFPORT, MS 39503

PHONE # 305-361-4233

Report Number:

14C1375

Date Received:

3/19/2011

Patient Name:

9511MMS031711

Patient Last Name:

6511MMS031711

Source of Culture:

LUNG

Test Required:

C/F

Date Out:

4/4/2011

Doctor:

DR CONNIE CHERS

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NO FUNGAL GROWTH 14 DAYS

POST INOCULATION

Order Of Predominance	AMPICILIN	CARBENICILLIN	CLINDAMYCIN	CEPHALOTHIN	COLISTIN	CHLORAMPHENICOL	ERYTHROMYCIN	NEOMYCIN	BACITRACIN	GENTAMICIN	AMIKACIN	METHICILLIN	CEFTIFUR	PENICILLIN	BACTRIM/SEPTRA	TOBRAMYCIN	TETRACYCLINES	METRONIDAZOLE	AUGMENTIN	CIPROFLOXACIN	ENROFLOXACIN	MARBOFLOXACIN	CEFPODOXIME	CONVENIA

CLW

