



### Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time



Test Name	Result	Unit	Bio Ref Interval
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#### DST (MOTT) (L)

Type of Specimen: Positive growth of MOTT

#### DRUG FOR MOTT SLOW GROWERS

Amikacin	Resistant
Amoxicillin/Clavulanic Acid	Intermediate
Cefoxitin	Susceptible
Ceftriaxone	Resistant
Ciprofloxacin	Susceptible
Cefepime	Resistant
Clarithromycin	Resistant
Doxycycline	Resistant
Imipenam	Resistant
Linezolid	Susceptible
Minocycline	Resistant
Moxifloxacin	Susceptible
Tigecycline	Susceptible
Tobramycin	Resistant
Trimethoprim/Sulfamethoxazole	Susceptible

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*

  
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