

## Quadro auxiliar para anotação dos resultados

Identificação do Paciente: \_\_\_\_\_

<b>A</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	LIS	ARG	NaCl	GEL	ESC	GLIC	MAL	LAC	MAN	POL	URE		
<b>B</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DNA	NIT	ONP	FEN	IND	MAC	CIT						

**Provas Adicionais**

Oxidase: \_\_\_\_\_

Motilidade: \_\_\_\_\_

Cresc. 42°C: \_\_\_\_\_

PYR: \_\_\_\_\_

Pigmento: \_\_\_\_\_

Identificação do Paciente: \_\_\_\_\_

<b>A</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	LIS	ARG	NaCl	GEL	ESC	GLIC	MAL	LAC	MAN	POL	URE		
<b>B</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DNA	NIT	ONP	FEN	IND	MAC	CIT						

**Provas Adicionais**

Oxidase: \_\_\_\_\_

Motilidade: \_\_\_\_\_

Cresc. 42°C: \_\_\_\_\_

PYR: \_\_\_\_\_

Pigmento: \_\_\_\_\_

Identificação do Paciente: \_\_\_\_\_

<b>A</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	LIS	ARG	NaCl	GEL	ESC	GLIC	MAL	LAC	MAN	POL	URE		
<b>B</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DNA	NIT	ONP	FEN	IND	MAC	CIT						

**Provas Adicionais**

Oxidase: \_\_\_\_\_

Motilidade: \_\_\_\_\_

Cresc. 42°C: \_\_\_\_\_

PYR: \_\_\_\_\_

Pigmento: \_\_\_\_\_