BLOOD AGAR W/5% SHEEP BLOOD AND SULFAMETHOXAZOLE-TRIMETHOPRIM
Cat. No. 1163

DESCRIPTION

This medium was described by Gunn, *et al* (3) as a selective medium for the isolation of Group A and B streptococci from throat cultures. The normal flora including "viridans" streptococci is significantly suppressed. Hemolysis and colony morphology of Groups A and B Streptococci are the same as on regular sheep blood agar except that the growth rate is slightly slower.

BLOOD AGAR W/SXT - Basic ingredients per liter of demineralized water.

Pancreatic digest of casein	15 g	Sulfamethoxazole	23.75 mg
Papaic digest of soymeal	5 g	Trimethoprim	1.25 mg
Sodium chloride	5 g	pH 7.3 ± 0.3 @ 25C	
Agar	15 g		
Sheep blood	50 ml		

The ingredients shown are approximate. Brands of dehydrated bases and different batches may vary. Satisfactory performance is the criterion for acceptance of a particular brand or lot number. Brand names are used only when necessary.

This medium is FOR *IN VITRO* DIAGNOSTIC USE and should be used by properly trained individuals. Precautions should be taken against dangers of microbial hazards. Specimens, containers and media should be sterilized after use.

Blood Agar plates, w/SXT are ready for use and no further preparation is necessary.

Blood Agar plates w/SXT should be stored at about 8C in the dark and kept in the original container until used.

Blood Agar plates w/SXT should not be used if (a) the medium is contaminated (b) the medium is cracked or split due to drying (c) the color has changed (d) the blood is hemolyzed (e) the expiration date has passed.

METHODS

Information on specimen collection may be found in standard reference material such as the *Manual of Clinical Microbiology* (2) or *Diagnostic Microbiology* by Scott and Bailey (1).

The specimen should be transported to the laboratory without delay and should be protected from excessive heat and cold. If there is to be any delay in culturing, a swab inoculated with the specimen should be placed in a suitable transport medium such as Amies or Stuarts. Specimens should be collected before antimicrobial therapy has begun.

The Specimen to be cultivated should be streaked onto a Blood Agar plate w/SXT with a sterile loop or swab. The plates should be incubated at 35C for at least 24 hours in a CO_2 enriched environment or anaerobically and then examined for the presence of colonies. Colonies should be examined for hemolytic activity, colonial morphology and gram stained for cellular morphology. After these parameters have been established, identification of the isolates may be accomplished as directed in standard reference material on the subject such as the *Manual of Clinical Microbiology* (2) or *Diagnostic Microbiology* (1). Plates showing no growth should be incubated at least two days before discarding as negative.

The usual clinical microbiological equipment is required for procedures involving this product. Other

media and equipment required will depend on the scheme employed by the microbiologist.

Blood Agar w/SXT plates may be quality controlled in the following manner:

(a) Microbial Load Testing - Incubate 3-5% up to a maximum of 10 plates at 35C. Examine after 24 and 48 hours for bacterial and fungal contamination.

(b) Performance Testing - Inoculate plates with suspensions of stock cultures of *S. pyogenes* ATCC 19615, *S. pneumoniae*, ATCC 6305, and *E. coli* ATCC 25922. Incubate 24 hours at 35C. The *S. pyogenes* should grow forming beta hemolytic colonies. The *E. coli* and *S. pneumoniae* should be inhibited.

It must be emphasized that this medium, as with any microbial medium, is only part of the overall scheme for the identification of disease producing organisms. Procedures for biochemical and serological tests for identification may be found in appropriate references (1,2).

BIBLIOGRAPHY

1. Bailey, W.R. and E.G. Scott. 1974. Diagnostic Microbiology. 4th Ed. C.V. Mosby Co. St. Louis.
2. Lennette, E.H. *et al.* 1985. Manual of Clinical Microbiology. 4th Ed. Amer. Soc. for Microbiology. Washington, D.C.
3. Gunn, B.A. *et al.* 1977. J. Clin. Microbiol. 5(6):650.

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