A. Bloodstream Infections and Infective Endocarditis. The diagnosis of bloodstream infections (BSIs) is one of the most critical functions of clinical microbiology laboratories. For the great majority of etiologic agents of BSIs, conventional blood culture methods provide positive results within 48 hours; incubation for >5 days seldom is required when modern automated continuous-monitoring blood culture systems and media are used [1, 2]. This includes recovery of historically fastidious organisms such as HACEK (Haemophilus, Aggregatibacter, Cardiobacterium, Eikenella, and Kingella laboratory or mycobacteriology laboratory, because bacteriology laboratories do not usually hold their plates long enough. These organisms may grow in a few days, but can take up to 4 weeks to form colonies. If the clinician suspects the possibility of nocardial infection, he should request that the culture plates be held for this duration. The organism is almost never grown from cerebrospinal fluid in instances of. Some of the clinical forms of nocardial infection have been mentioned in the section on epidemiology. The clinical picture is usually that of a suppurative process without 'tubercles' (caseating granulomas) (Louria, 1967; Idrisa, Cunningham & Wilfert, 1975; Frazier, Rosenow & Roberts, 1975; Folb et al. In the diagnostic laboratory virus infections can be confirmed by a multitude of methods. Diagnostic virology has changed rapidly due to the advent of molecular techniques and increased clinical sensitivity of serological assays. A wide variety of samples can be used for virological testing. The type of sample sent to the laboratory often depends on the type of viral infection being diagnosed and the test required. Proper sampling technique is essential to avoid potential pre-analytical errors. For