Cleveland Clinic Laboratories
2119 E. 93rd / L15
Cleveland, OH 44106
216.444.5755 or 800.628.6816

# MICROBIOLOGY REQUISITION

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## PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name | First | MI

Address | Birth Date | Sex ☐ M ☐ F

City | SS #

State | Zip | Home Phone

Hospital/Physician Office Patient ID # | Accession #

## CLIENT INFORMATION

MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

## INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)

**BILL TO:** ☐ Client/Institution ☐ Medicare ☐ Insurance (Complete insurance information below) ☐ Patient

**PATIENT STATUS:** ☐ Inpatient ☐ Outpatient ☐ Non-Hospital Patient Hospital discharge date: _____/_____/_____

**PRIMARY:** ☐ Medicare ☐ Medicaid ☐ Other Ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name | First | MI

Beneficiary / Member # | Group #

Claims Address | City | State | Zip

**SECONDARY:** ☐ No ☐ Yes (if Yes, please attach) **ABN:** ☐ No ☐ Yes

**DIAGNOSIS CODE (REQUIRED)** ICD-10 Codes 1. _____ 2. _____ 3. _____

## ORDERING PHYSICIAN CONTACT

Physician Name

Physician NPI#

Physician Phone

Physician Email

☐ Call Results to phone number: (_____) _____

☐ Fax report to: (_____) _____

## SPECIMEN INFORMATION

Collection Date: _____/_____/_____ Time: _____ Body Site: _____ Client Case #: _____ Specimen ID# _____

**Blood** ☐ Venipuncture ☐ Catheter _____

**CSF** ☐ Lumbar puncture ☐ Ventricular shunt ☐ Other _____

**Body fluid** ☐ Peritoneal fluid ☐ Synovial fluid ☐ Pleural fluid ☐ Pericardial fluid ☐ Other _____

**Wound/abscess** ☐ Aspirate ☐ Swab (suboptimal) ☐ Indicate source: _____

**Tissue** ☐ Indicate source: _____

**Upper Respiratory** ☐ Throat swab ☐ Nasopharyngeal swab ☐ Nasal swab ☐ Sinus ☐ Other _____

**Lower Respiratory** ☐ Sputum ☐ Endotracheal aspirate ☐ BAL ☐ Bronchial brush ☐ Bronchial wash ☐ Transbronchial biopsy

**Genital tract** ☐ Urethral swab ☐ Endocervical swab ☐ Vaginal swab ☐ Vaginal/rectal swab

**Stool** ☐ Feces ☐ Rectal Swab

**Urine** ☐ Clean catch ☐ Straight catheter ☐ Indwelling catheter (e.g., foley)

**Other** ☐ Indicate type/source: _____

## INDICATE TESTS REQUIRED (CHECK APPROPRIATE BOX. MORE THAN ONE BOX MAY BE ORDERED FOR A SINGLE SPECIMEN)

### BACTERIOLOGY

- ☐ *Aeromonas/Plesiomonas* culture (stool) *AERPLE*
- ☐ Anaerobic culture (no swabs) *ANACUL*
- ☐ Body fluid culture & gram stain *BFCUL*
- ☐ *Bordetella pertussis* detection by NAAT *BORAMP*
- ☐ Bronchoscopy culture & gram stain *BALCSM*
- ☐ Campylobacter Culture *CAMPY*
- ☐ Carbapenem Resistance Gene PCR *CRGPCR*
- ☐ Catheter Tip Culture (intravascular) *CTCUL*
- ☐ *Clostridium difficile* PCR (liquid stool only) *CDPCR*
- ☐ CSF culture & gram stain *CSFCUL*
- ☐ Cystic Fibrosis Respiratory Culture *CFRCUL*
- ☐ Ear culture & gram stain *EARCSM*
- ☐ Enteric Bacterial Panel by PCR (Salmonella, Shigella, Camplyobacter, Shiga toxin genes) *STLPCR*
- ☐ Eye culture & gram stain *EYECSM*
- ☐ Group A Streptococcus by PCR *GASPCR*
- ☐ Group B strep PCR (vaginal-rectal swab) *GBPCR*
- ☐ *H. pylori* culture (gastric biopsy) *HPYCUL*
- ☐ *H. pylori* urease/CLO test (gastric biopsy) *UREASC*
- ☐ Helicobater pylori Antigen by EIA, stool *HPYLAG*
- ☐ *Legionella* culture *LEGCUL*
- ☐ *Legionella pneumophila* PCR (resp sources; not valid for pleural fluid, lung exudate, tissue) *LEGPCR*
- ☐ MRSA culture screen *MRSASC*
- ☐ MRSA/*S. aureus* culture screen *SANSAL*
- ☐ *Mycoplasma* Culture (genitourinary sites) *MYPLAS*
- ☐ *Nocardia* culture & stain *NOCARD*
- ☐ Respiratory culture & gram stain *RCULST*
- ☐ *Staph. aureus* PCR *SAPCR*
- ☐ Sinus culture & gram stain *SINUSC*
- ☐ *S. pneumoniae* antigen (urine) *SPNAG*
- ☐ Throat culture (R/O Group A Strep) *THRCUL*
- ☐ Tissue culture & gram stain *TISCUL*
- ☐ Urine culture *URCUL*
- ☐ Vaginosis scored gram stain *BVSTN*
- ☐ *Vibrio* culture (stool) *VIBCUL*
- ☐ VRE culture (rectal swab) *VRESC*
- ☐ Wound culture & gram stain *WCUL*
- ☐ *Yersinia* culture (stool) *YERCUL*

### GCCT TESTING

- ☐ *Chlamydia trachomatis* Amplification (genital, rectal & oral) *CT*
- ☐ *Chlamydia trachomatis* Amplification, Urine (Aptima tube) *UCT*
- ☐ *Neisseria gonorrhoeae* (GC) Amplification (genital, rectal & oral) *GC*
- ☐ GC Amplification, Urine (Aptima tube) *UGC*
- ☐ GC/Chlamydia Amplification (genital, rectal & oral) *GCCT*
- ☐ GC/Chlamydia Amplification, Urine (Aptima tube) *UGCCT*
- ☐ Miscellaneous GC Screen *Neisseria gonorrhoeae* Culture *MISCGC*

### MYCOBACTERIOLOGY

- ☐ AFB culture & stain *AFC*
- ☐ AFB blood culture (blood and bone marrow only) *AFCO*
- ☐ MTB/NTM PCR on Smear Pos *TBPCR*

### MYCOLOGY

- ☐ Cryptococcal antigen (serum, CSF) *CAD*
- ☐ Dermatophyte culture (hair, skin, nails) *ACFSC*
- ☐ Dermatophyte culture and Smear (hair, skin, nails) *FHSNSM*
- ☐ Fungal blood culture *HISTCL*
- ☐ Fungal culture & smear (non-dermal) *FCULSM*
- ☐ Fungal smear (only) *FUNGSM*
- ☐ Fungal CSF culture/Cryptococcal antigen *FUNCSF*
- ☐ Fungal screen (culture for yeast on mouth, vaginal, urine specimens) *FUNGSC*
- ☐ *Pneumocystis* PCR *PCPPCR*
- ☐ Vaginal smear for Candida *CANSTN*

### PARASITOLOGY

- ☐ *Acanthamoeba* culture *AMBCUL*
- ☐ Blood Parasites *BLDPAR*
- ☐ *Cryptosporidium, Cyclospora, & Cystoisospora* exam (acid fast stain) *CRYSPO*
- ☐ *Ehrlichia/Anaplasma* exam *EHRLSM*
- ☐ Microsporidia exam *MICSPO*
- ☐ Ova & Parasite exam *OVAP*
- ☐ *Cryptosporidium & Giarda* EIA *OVAPSC*
- ☐ Parasite (Worm) ID *PARAID*
- ☐ Pinworm preparation *TAPE*
- ☐ *Trichomonas* EIA (vaginal swab) *TRICHO*
- ☐ *Trichomonas* PCR *TRVAMP*

### VIROLOGY

- ☐ Adenovirus culture (eye only) *VADNO*
- ☐ Adenovirus DFA (eye only) *DADNO*
- ☐ BK Virus Quant PCR (plasma) *BKQUAN*
- ☐ CMV culture *VCMV*
- ☐ CMV Quant PCR (plasma) *CMVQNT*
- ☐ EBV PCR, Quant (blood) *EBVQNT*
- ☐ Enterovirus culture (pericardial, rectal) *VENT*
- ☐ Enterovirus PCR (CSF) *ENTPCR*
- ☐ HBV Quant PCR (Viral load) *HBVDNU*
- ☐ HCV Quant PCR (Viral load) *HCQPCR*
- ☐ HCV Genotyping *HEPGEN*
- ☐ Herpes simplex virus/Varicella zoster virus, molecular detection (lesions) *HSVVZV*
- ☐ Herpes simplex virus PCR (CSF) *HSPCRC*
- ☐ HIV-1 Qual by PCR *HIV1QL*
- ☐ HIV RNA Quant PCR (Viral load) *HIVRNA*
- ☐ Rapid PCR Assay for Influenza/RSV (NP swab in UTM only) *FLRSV*
- ☐ Rapid PCR assay for influenza *FLUPCR*
- ☐ Rapid PCR assay for RSV *RSPCR*
- ☐ Respiratory Pathogen Panel by PCR (immunocomprised patients) *RPPCR*
- ☐ Rotavirus antigen (stool) *EROTA*

For both HPV and PAP, refer to the Cytology PAP Requisition

- ☐ HPV DNA PCR (Thinprep, no PAP incl.) *HPVHRT*
- ☐ HPV DNA PCR (Surepath, no PAP incl.) *HPVHRS*

## FOR ORGANISM ISOLATE ID AND/OR MIC

- ☐ AFB organism for susceptibility *AFBSUS*
- ☐ Identification, Aerobic Organism *OIDAER*
- ☐ Identification, Anaerobic Organism *OIDANA*
- ☐ Fungal susceptibility *FUNSUS*
- ☐ Organism Identification, AFB *OIDAFB*
- ☐ Organism Identification, Mold *OIDMOL*
- ☐ Organism Identification, *Nocardia* *OIDNOC*
- ☐ Organism Identification, Yeast *OIDYEA*
- ☐ Organism MIC *OMIC*

## OTHER

- ☐ Bacterial Vaginosis Scored Gram Stain & Candida Smear *BVCNSM*
- ☐ Calprotectin, Fecal *CALPRO*
- ☐ Fecal lactoferrin *STLWBC*
- ☐ Fecal occult blood (Polymedco vial) *IFOBT*
- ☐ Occult blood exam (SENSA test card) *OBDX*
- ☐ Stool Gastrointestinal Panel by PCR (detects 22 bacteria, viruses, & parasites) *STGIPR*
- ☐ Vaginal pathogens DNA probe (*Candida, Gardnerella vaginalis, Trichomonas vaginalis* - requires BD Affirm transport) *VAGDNA*

*CPT codes available online at clevelandcliniclabs.com  7/2022

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## RESPIRATORY PATHOGEN PANEL BY PCR *RPPCR* – PANEL COMPONENTS:

Influenza A
Influenza A H1
Influenza A H3
Influenza B
Respiratory Syncytial Virus A
Respiratory Syncytial Virus B
Human Metapneumovirus
Rhinovirus/Enterovirus
Adenovirus
Parainfluenza virus 1
Parainfluenza virus 2
Parainfluenza virus 3
Parainfluenza virus 4
Coronavirus 229E
Coronavirus OC43
Coronavirus NL63
Coronavirus HKU1
Human Bocavirus
Chlamydophila pneumoniae
Mycoplasma pneumoniae

## STOOL GASTROINTESTINAL PANEL BY PCR *STGIPR* – PANEL TARGETS:

*Campylobacter* spp.
*Clostridium difficile* toxin A/B
*Plesiomonas shigelloides*
*Salmonella* spp.
*Vibrio* spp.
*Yersinia* spp.
Enteroaggregative *Escherichia coli* [EAEC]
Enteropathogenic *E. coli* [EPEC]
Enterotoxigenic *E. coli* [ETEC]
Shiga-like toxin-producing *E. coli* [STEC] stx1/stx2 with specific identification of *E. coli* O157 serogroup
Shigella/Enteroinvasive *E. coli* [EIEC].