Cleveland Clinic Laboratories

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Cleveland, OH 44106
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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

ORDERING PHYSICIAN CONTACT

Physician Name

Physician NPI#

Physician Phone

Physician Email

☐ Call Results to phone number: (_____) _____

☐ Fax report to: (_____) _____

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)

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

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
- ☐ 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
- ☐ 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
- ☐ *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
- ☐ Stool Culture (includes *Campylobacter* & Shiga toxin detection by EIA) STCUL
- ☐ *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 (Aptima swab) CT
- ☐ *Chlamydia trachomatis* Amplification, Urine (Aptima tube) UCT
- ☐ *Chlamydia trachomatis*, Misc. Sites, NA Amplification (Aptima swab) NAACT
- ☐ *Neisseria gonorrhoeae* (GC) Amplification (Aptima swab) GC
- ☐ GC Amplification, Urine (Aptima tube) UGC
- ☐ *Neisseria gonorrhoeae* Misc. Sites, NA Amplification (Aptima swab) NAAGC
- ☐ GC/Chlamydia Amplification (Aptima swab) GCCT
- ☐ GC/Chlamydia Amplification, Urine 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 (outside clients only) 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 culture VHSV
- ☐ 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 virus panel PCR (immunocompromised patients) RVPPCR
- ☐ Rotavirus antigen (stool) EROTA
- ☐ VZV DFA DVZV

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

- ☐ Identification, Aerobic Organism OIDAER
- ☐ Identification, Anaerobic Organism OIDANA
- ☐ Organism Identification, AFB OIDAFB
- ☐ Organism Identification, Mold OIDMOL
- ☐ Organism Identification, *Nocardia* OIDNOC
- ☐ Organism Identification, Yeast OIDYEA
- ☐ Organism MIC OMIC

OTHER

- ☐ Fecal fat, qualitative FFAT
- ☐ Fecal lactoferrin STLWBC
- ☐ Fecal occult blood (Polymedco vial) IFOBT
- ☐ Occult blood exam (SENSA test card) OBDX
- ☐ Vaginal pathogens DNA probe (*Candida, Gardnerella vaginalis, Trichomonas vaginalis* - requires BD Affirm transport) VAGDNA

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