

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)
CLIENT INFORMATION
ORDERING PHYSICIAN CONTACT
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
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
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 CFRUL
Ear culture & gram stain EARCSM
Enteric Bacterial Panel by PCR (Salmonella, Shigella, Campylobacter, 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
Helicobacter 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 BVSTIN
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) AFCC
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) CRYSP0
Ehrlichia/Anaplasma exam EHRLSM
Microsporidia exam MICSP0
Ova & Parasite exam OVAP
Cryptosporidium & Giardia EIA OVAPSC
Parasite (Worm) ID PARAI
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 YCMV
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 virus panel PCR (immunocompromised patients) RVPPCR
Rotavirus antigen (stool) ER0TA
For both HPV and PAP, refer to the Cytology PAP Requisition
HPV DNA PCR (Thinprep, no PAP incl.) HPVVRT
HPV DNA PCR (Surepath, no PAP incl.) HPVHS