

## **MICROBIOLOGY REQUISITION**

<<FORM ID>>

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)				CLIENT INF	FORMATION
Last Name	F	ïrst	MI		
Address	E	irth Date	Sex □ M □ F		
City	\$	S#			
State	Zip F	lome Phone			
Hospital/Physician Office Patient ID #	A	ccession #		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)				Physician Name	
BILL TO:   Client/Institution   Medicare  Insurance (Complete insurance information below)  Patient  Patient   Description   No.					
PATIENT STATUS:       ☐ Inpatient       ☐ Outpatient       ☐ Non-Hospital Patient       Hospital discharge date:				Physician NPI#	
Subscriber Last Name	F	irst	MI	Physician Phone	
Beneficiary / Member #	(	Group #			
Claims Address	(	ity	State Zip	Physician Email	
SECONDARY: □ No □ Yes (if Yes, please attach) ABN: □ No □ Yes				☐ Call Results to phone number: (	)
DIAGNOSIS CODE (REQUIRED)         ICD-10 Codes 1.         2.         3.         —         Fax report to: (					
SPECIMEN INFORMATION Collection Date:/ Time: Body Site: Client Case #: Specimen ID#  Blood					
CSF					
Body fluid  Peritoneal fluid  Synovial fluid  Pericardial fluid  Genital tract  Urethral swab  Endocervical swab  Vaginal swab  Vaginal/rectal swab					
Urine Clean catch C Stroight catheter Indwelling catheter (e.g., foley)					
Wound/abscess     A spirate     Swab (suboptimal)     Indicate source:     Urine     Clean catch     Straight catheter     Indicate source:     Indicate source:       Tissue     Indicate source:     Other     Indicate type/source:					
Upper					
INDICATE TESTS REQUIRED (C	CHECK APPROPRIATE BOX. MORE	THAN ONE BOX MAY BE ORD	ERED FOR A SINGLE SPECIMEN)		
BACTERIOLOGY	☐ <i>H. pylori</i> culture (gastric		ACTERIOLOGY	PARASITOLOGY	☐ CMV Quant PCR (plasma) CMVQNT
☐ Anaerobic culture (no swabs) ANACUL☐ Body fluid culture & gram stain BFCUL☐	☐ Helicobater pylori Antiger <i>HPYLAG</i>	•	culture & stain <i>AFC</i> blood culture (blood and bone	☐ Blood Parasite Microscopy Smear BPMSM☐ Cryptosporidium, Cyclospora, & Cystoisospora	☐ CMV DNA by PCR, Non-Plasma CMVQL ☐ COVID & Influenza A/B & RSV PCR, Routine
☐ Bordetella pertussis detection by NAAT	☐ <i>Legionella</i> Species by PC	R (resp sources; not mai	row only) <i>AFCO</i>	exam (acid fast stain) CRYSPO	CVFLRS
BORAMP	valid for pleural fluid, lun		3 Complex & Rifampin Resistance by PCR AFB Culture & Stain <i>MTBRIF</i>	☐ Malaria Antigen Screen MALAGS	☐ EBV PCR, Quant (blood) EBVQNT
☐ Bronchoscopy culture & gram stain BALC ☐ Catheter Tip Culture (intravascular) CTCU	OW MDCA/C			☐ Microsporidia exam <i>MICSPO</i> ☐ Ova & Parasite exam <i>OVAP</i>	☐ HBV Quant PCR (Viral load) HBVDNU☐ HCV Quant PCR (Viral load) HCQPCR
☐ Clostridium difficile PCR (liquid stool only	y) Mycoplasma Culture (ge	nitourinary sites)	otococcal antigen (serum, CSF) <i>CAD</i>	☐ Cryptosporidium & Giarda EIA OVAPSC	☐ HCV Genotyping HEPGEN
CDREFL – reflex to CDEIA	MYPLAS  ☐ Respiratory culture & gra	m stain RCIII ST	matophyte culture (hair, skin, nails) ACFSC	☐ Parasite (Worm) ID <i>PARAID</i>	☐ Herpes simplex virus/Varicella zoster virus,
☐ CSF culture & gram stain CSFCUL☐ Cystic Fibrosis Respiratory Culture CFRCU	Ctook awaya DCD CADO	CR □ Der	matophyte culture and Smear	☐ Pinworm preparation <i>TAPE</i>	molecular detection (lesions) HSVVZV  Herpes simplex virus PCR (CSF) HSPCRC
☐ Ear culture & gram stain <i>EARCSM</i>	☐ Sinus culture & gram sta	in SINUSC	r, skin, nails) <i>FHSNSM</i> gal blood culture <i>HISTCL</i>	SEXUAL HEALTH TESTING	☐ HIV RNA Quant PCR (Viral load) HIVRNA
☐ Enteric Bacterial Panel by PCR (Salmonel		urine) <i>SPNAG</i> $\hfill \square$ Fun	gal culture & smear (non-dermal) FCULSM	☐ Bacterial Vaginosis, NAAT <i>BVAMP</i> ☐ <i>Candida &amp; Trichomonas</i> vaginalis, NAAT <i>CVTV</i>	☐ Respiratory Pathogen Panel by PCR
Shigella, Camplyobacter, Shiga toxin gene		' ⊔ Fun	gal smear (only) <i>FUNGSM</i>	☐ Gonorrhea/Chlamydia, NAAT GCCT	(immunocomprised patients) RPPCR
STLPCR  ☐ Eye culture & gram stain EYECSM	☐ Tissue culture & gram st☐ Urine culture <i>URCUL</i>	□ Fun	gal CSF culture/Cryptococcal antigen	☐ Mycoplasma genitalium, NAAT <i>MYGAMP</i>	☐ Rotavirus antigen (stool) <i>EROTA</i>
☐ Group A Streptococcus by PCR GASPCR	☐ Wound culture & gram st	oin WCIII	ICSF st screen (culture for yeast on mouth,	☐ <i>Trichomonas</i> vaginalis, NAAT <i>TRVAMP</i>	For both HPV and PAP, refer to the
☐ Group B strep PCR (vaginal-rectal swab)			inal, urine specimens) <i>FUNGSC</i>	VIROLOGY	Cytology PAP Requisition
GBPCR		□ Pne	umocystis PCR PJPCR	☐ BK Virus Quant PCR (plasma) <i>BKQUAN</i> ☐ BK Virus Quantitation, Urine <i>UBKQT</i>	☐ HPV DNA PCR (Thinprep, no PAP incl.)  HPVHRT
FOR ORGANISM ISOLATE	MYCOBACTERIOLOGY		BACTERIOLOGY	MYCOLOGY	
ID AND/ON MID	☐ Organism Identification, AFB <i>OID</i>		☐ Identification, Aerobic Organism <i>Oli</i>	_	ification, Yeast OIDYEA
	☐ AFB organism for susceptibility <i>A</i>	ι μουδ	☐ Identification, Anaerobic Organism ☐ Organism Identification, <i>Nocardia</i> (☐ Organism MIC, Bacterial OMIC	_	ification, Mold <i>OIDMOL</i> bility <i>FUNSUS</i>
OTHER	☐ Fecal lactoferrin <i>STLWBC</i>	☐ Maningitic F		ol Gastrointestinal Panel by PCR (detects	
• · · · · · · · · · · · · · · · · · · ·	☐ Fecal occult blood (iFOBT Kit) <i>IFO</i>	_		bacteria, viruses & parasites) <i>STGIPI</i>	

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

Adenovirus

Coronavirus 229E

Coronavirus OC43

Coronavirus NL63

Coronavirus HKU1

SARS-CoV-2 (Agent of COVID-19)

Human Metapneumovirus

Rhinovirus/Enterovirus

Influenza A

Influenza A H1

Influenza A H3

Influenza B

Parainfluenza virus 1

Parainfluenza virus 2

Parainfluenza virus 3

Parainfluenza virus 4

Respiratory Syncytial Virus (RSV)

Chlamydophila pneumoniae

Mycoplasma pneumoniae

Bordetella parapertussis\*

Bordetella pertussis\*

## STOOL GASTROINTESTINAL PANEL BY PCR *Stgipi* – Panel targets:

Campylobacter spp.

Plesiomonas shigelloides

Salmonella spp.

Vibrio spp.

Vibrio cholerae

Vibrio enterocolitica

Yersinia enterocolitica

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* 0157 serogroup Shigella/Enteroinvasive E.

coli [EIEC]

Crytosporidium

Cyclospora cayentanensis

Entamoeba histolytica

Giargia lamblia

Adenovirus F 40/41

Astrovirus

Norovisu GI/GII

Rotavirus A

Sapovirus

<sup>\*</sup>Upper respiratory swabs only