

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 (Ohio only) Other Ins. Self Spouse Child
SUBSCRIBER INFORMATION
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 Anaerobic culture (no swabs) ANACUL
Body fluid culture & gram stain BFCUL
Bordetella pertussis detection by NAAT BORAMP
Bronchoscopy culture & gram stain BALCSM
Catheter Tip Culture (intravascular) CTCUL
Clostridium difficile PCR (liquid stool only) CDREFL - reflex to CDEIA
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
MYCOBACTERIOLOGY H. pylori culture (gastric biopsy) HPYCUL
Helicobacter pylori Antigen by EIA, stool HPYLAG
Legionella Species by PCR (resp sources; not valid for pleural fluid, lung exudate, tissue) LEGPCR
MRSA/S. aureus culture screen SANSAL
Mycoplasma Culture (genitourinary sites) MYPLAS
Respiratory culture & gram stain RCUCLST
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
Wound culture & gram stain WCUL
MYCOBACTERIOLOGY AFB culture & stain AFC
AFB blood culture (blood and bone marrow only) AFCCO
MTB Complex & Rifampin Resistance by PCR + AFB Culture & Stain MTBRIF
MYCOLOGY Cryptococcal antigen (serum, CSF) CAD
Dermatophyte culture (hair, skin, nails) ACFCSE
Dermatophyte culture and Smear (hair, skin, nails) FHSNSM
Fungal blood culture HISTCL
Fungal culture & smear (non-dermal) FCULSM
Fungal CSF culture/Cryptococcal antigen FUNCSF
Yeast screen (culture for yeast on mouth, vaginal, urine specimens) FUNGSC
Pneumocystis PCR PJPCR
PARASITOLGY Blood Parasite Microscopy Smear BPMMSM
Cryptosporidium, Cyclospora, & Cystoisospora exam (acid fast stain) CRYSPO
Malaria Antigen Screen MALAGS
Microsporidia exam MICSPO
Ova & Parasite exam OVAP
Cryptosporidium & Giardia EIA OVAPSC
Parasite (Worm) ID PARAD
Pinworm preparation TAPE
SEXUAL HEALTH TESTING Bacterial Vaginosis, NAAT BVAMP
Candida & Trichomonas vaginalis, NAAT CVTV
Gonorrhea/Chlamydia, NAAT GCCT
Mycoplasma genitalium, NAAT MYGAMP
Trichomonas vaginalis, NAAT TRVAMP
VIROLOGY BK Virus Quant PCR (plasma) BKQUAN
BK Virus Quantitation, Urine UBKQT
CMV Quant PCR (plasma) CMYQNT
CMV DNA by PCR, Non-Plasma CMYQL
COVID & Influenza A/B & RSV PCR, Routine CVFLRS
EBV PCR, Quant (blood) EBVQNT
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 RNA Quant PCR (Viral load) HIVRNA
Expanded Respiratory Pathogen Panel by PCR (immunocompromised patients) RPPCR
For both HPV and PAP, refer to the Cytology PAP Requisition
HPV DNA PCR (Thinprep, no PAP incl.) HPVVRT
FOR ORGANISM ISOLATE ID AND/OR MIC
MYCOBACTERIOLOGY Antimicrobial Susceptibility - Anaerobe SUSANA
Organism Identification, AFB ODAFB
AFB organism for susceptibility AFSBUS
BACTERIOLOGY Identification, Aerobic Organism ODAER
Identification, Anaerobic Organism ODAANA
Organism Identification, Nocardia ODNOC
Organism MIC, Bacterial OMIC
MYCOLOGY Organism Identification, Yeast ODIYEA
Organism Identification, Mold OIDMOL
Fungal susceptibility FUNCSU
OTHER Fecal lactoferrin FECWBC
Fecal occult blood (iFOBT Kit) IFOBT
Meningitis Encephalitis Panel MGEBF
Occult blood exam (SENSA test card) OBDX
Stool Gastrointestinal Panel by PCR (detects 22 bacteria, viruses & parasites) STGIPI

**EXPANDED 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  
Human Rhinovirus/Enterovirus  
Influenza A  
Influenza A (no subtype)  
Influenza A H1  
Influenza A H3  
Influenza A H1-2009  
Influenza B  
Parainfluenza virus 1  
Parainfluenza virus 2  
Parainfluenza virus 3  
Parainfluenza virus 4  
Respiratory Syncytial Virus (RSV)  
Chlamydomphila pneumoniae  
Mycoplasma pneumoniae  
Bordetella parapertussis\*  
Bordetella pertussis\*

\*Upper respiratory swabs only

**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* O157 serogroup Shigella/Enteroinvasive *E.*  
*coli* [EIEC]  
*Cryptosporidium*  
*Cyclospora cayentanensis*  
*Entamoeba histolytica*  
*Giardia lamblia*  
Adenovirus F 40/41  
Astrovirus  
Norovirus GI/GII  
Rotavirus A  
Sapovirus