

# PULMONARY SPECIMEN REQUISITION

Please Carefully Check Desired Studies

BRONCHIAL WASH	BRONCHOALVEOLAR LAVAGE	BRONCHIAL BRUSH	TRANSBRONCHIAL NEEDLE ASPIRATE
Right _____ Left _____	Site: _____	Site: _____	Site: _____
<input type="checkbox"/> Cytology <input type="checkbox"/> GMS Stain for Pneumocystis & Fungus  <b>Microbiology:</b> <input type="checkbox"/> Gram Stain Only <input type="checkbox"/> Respiratory Culture (Includes Gram Stain) <input type="checkbox"/> Fungus Culture <input type="checkbox"/> AFB Culture & Stain <input type="checkbox"/> Legionella Culture & Stain  <b>PCR TESTING:</b> <input type="checkbox"/> Respiratory Viral Panel (Includes Covid-19) <input type="checkbox"/> <i>Pneumocystis jirovecii</i>  <b>ADDITIONAL STUDIES</b> <input type="checkbox"/> Aspergillus Galactomannan Antigen by EIA  _____ _____ _____	<input type="checkbox"/> Cytology <input type="checkbox"/> GMS Stain for Pneumocystis & Fungus <input type="checkbox"/> BAL Panel CD4:CD8 <input type="checkbox"/> Lipid-Laden Macrophage Quantity: Y / N <input type="checkbox"/> Hemosiderin-Laden Macrophage Quantity: Y / N  <b>Hematology:</b> <input type="checkbox"/> Cell Count and Diff  <b>Microbiology:</b> <input type="checkbox"/> Gram Stain Only <input type="checkbox"/> Respiratory Culture (Includes Gram Stain) <b>OR</b> <input type="checkbox"/> Quantitative Resp. Culture (Includes Gram Stain) <input type="checkbox"/> Fungus Culture <input type="checkbox"/> AFB Culture & Stain <input type="checkbox"/> Legionella Culture & Stain  <b>PCR TESTING:</b> <input type="checkbox"/> Respiratory Viral Panel (Includes Covid-19) <input type="checkbox"/> <i>Pneumocystis jirovecii</i>  <b>ADDITIONAL STUDIES</b> <input type="checkbox"/> Aspergillus Galactomannan Antigen by EIA  _____ _____ _____	<input type="checkbox"/> Cytology <input type="checkbox"/> GMS Stain for Pneumocystis & Fungus  <b>Microbiology:</b> <input type="checkbox"/> Gram Stain Only <input type="checkbox"/> AFB Culture & Stain  <b>ADDITIONAL STUDIES</b> _____ _____ _____  <div style="background-color: #cccccc; text-align: center; padding: 2px;"><b>PROTECTED BRUSH</b></div> Site: _____  <b>Microbiology:</b> <input type="checkbox"/> Aerobic Culture <input type="checkbox"/> Anaerobic Culture (Includes Gram Stain)  <b>ADDITIONAL STUDIES</b> _____ _____ _____	<input type="checkbox"/> Cytology <input type="checkbox"/> GMS Stain for Pneumocystis & Fungus  <b>Microbiology:</b> <input type="checkbox"/> Gram Stain Only <input type="checkbox"/> Aerobic & Anaerobic Culture (Includes Gram Stain) <input type="checkbox"/> Fungus Culture <input type="checkbox"/> AFB Culture & Stain  <b>PCR TESTING:</b> <input type="checkbox"/> Respiratory Viral Panel (Includes Covid-19)  <div style="background-color: #cccccc; text-align: center; padding: 2px;"><b>TISSUE BIOPSY</b></div> Site: _____  <input type="checkbox"/> PATHOLOGY  <b>Microbiology:</b> <input type="checkbox"/> Submit in Saline <input type="checkbox"/> Aerobic & Anaerobic Culture (Includes Gram Stain) <input type="checkbox"/> Fungus Culture <input type="checkbox"/> AFB Culture & Stain  <b>ADDITIONAL STUDIES</b> _____ _____ _____

**CLINICAL INFO:**

**Physician Printed Name:**

**Physician Signature:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_



Memorial Hospital Laboratory Services  
1400 East Boulder Street  
Colorado Springs, CO 80909

PLACE PATIENT LABEL HERE

# EBUS / NAVIGATIONAL BRONCH INTRAOPERATIVE EVALUATION

Date of Service: \_\_\_\_\_

          
Station

Pass 1: \_\_\_\_\_

Pass 2: \_\_\_\_\_

Pass 3: \_\_\_\_\_

          
Station

Pass 1: \_\_\_\_\_

Pass 2: \_\_\_\_\_

Pass 3: \_\_\_\_\_

          
Station

Pass 1: \_\_\_\_\_

Pass 2: \_\_\_\_\_

Pass 3: \_\_\_\_\_

          
Station

Pass 1: \_\_\_\_\_

Pass 2: \_\_\_\_\_

Pass 3: \_\_\_\_\_

          
Station

Pass 1: \_\_\_\_\_

Pass 2: \_\_\_\_\_

Pass 3: \_\_\_\_\_

Discussed findings with Dr. \_\_\_\_\_ during procedure.

Pathologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**uhealth**

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PLACE PATIENT  
LABEL HERE