

# Endoscopy Microbiology Bronchoscopy Order Form



UKHealthCare Clinical Laboratory  
 800 Rose Street, HA619  
 Lexington, KY 40536

( Attach Patient Chart Label Here )

Collect Date:	Collect Time:	Collected By:	Ordering Physician:	Pager:
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Have Antibiotics Been Administered? <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify:	Working Diagnosis:
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Attach Corresponding Farrington Label Here

Primary Source of Specimen	Secondary Source of Specimen
<p style="text-align: center; font-weight: bold;">Check only one</p> <input type="checkbox"/> Bronchoalveolar Lavage <input type="checkbox"/> Bronchial Washings <input type="checkbox"/> Protected Alveolar Lavage <input type="checkbox"/> Tissue <input type="checkbox"/> Other - Specify:	<p style="text-align: center; font-weight: bold;">Check only one</p> <input type="checkbox"/> Left Upper Lobe <input type="checkbox"/> Right Upper Lobe <input type="checkbox"/> Left Lower Lobe <input type="checkbox"/> Right Middle Lobe <input type="checkbox"/> Left Lung <input type="checkbox"/> Right Lower Lobe <input type="checkbox"/> Lung <input type="checkbox"/> Right Lung <input type="checkbox"/> Other - Specify:

**Check all Testing Requested for Corresponding Farrington Labeled Specimen**

Microbiology Bacterial Culture - Choose One	Send Out
<input type="checkbox"/> <b>CFRESP</b> Cystic Fibrosis Respiratory Culture	<input type="checkbox"/> <b>ASPBAL</b> Aspergillus Galactomannan
<input type="checkbox"/> <b>CFRESX</b> Gram Stain	
<input type="checkbox"/> <b>QBPB</b> BAL/PAL Culture & Gram Stain	<input type="checkbox"/> <b>BGBAL</b> BAL Beta Glucan
<input type="checkbox"/> <b>QBPBX</b>	
<input type="checkbox"/> <b>RESP</b> Bronchial Washings Culture & Gram	<input type="checkbox"/> <b>CMPCR</b> Cytomegalovirus by PCR
<input type="checkbox"/> <b>RESPX</b> Stain	
<b>Microbiology Culture, AFB, Mycology, Virology &amp; PCR</b>	
<input type="checkbox"/> <b>MYCOEV</b> Mycological Evaluation & KOH Stain	<input type="checkbox"/> <b>LSPCR</b> Legionella Species by PCR
<input type="checkbox"/> <b>KOH</b>	<input type="checkbox"/> <b>HSVBAL</b> Herpes Simplex Virus by PCR
<input type="checkbox"/> <b>AFBCR</b> AFB Culture & Acid Fast Stain (BAL, PAL, & Washings)	<input type="checkbox"/> <b>MPPCR</b> Mycoplasma Pneumoniae by PCR
<input type="checkbox"/> <b>AFST</b>	
<input type="checkbox"/> <b>AFBCNR</b> AFB Culture & Acid Fast Stain (Tissue, <b>Non-Respiratory</b> )	<input type="checkbox"/> <b>PJPCR</b> Pneumocystis Jirovecii by PCR
<input type="checkbox"/> <b>AFST</b>	
<input type="checkbox"/> <b>VRE</b> Viral Respiratory Culture Battery	<input type="checkbox"/> Other Specify:
Includes: Adenovirus, Cytomegalovirus, Enterovirus, Influenza A & B, Herpes Simplex Virus, Metapneumoniaevirus, Parainfluenza 1, 2, & 3, Rhinovirus, RSV	
<input type="checkbox"/> <b>BALPCR</b> BAL/PAL Comprehensive Respiratory Panel by PCR	
<input type="checkbox"/> <b>CV</b> Cytomegalovirus Culture	
<input type="checkbox"/> <b>HV</b> Herpes Virus Culture	
<input type="checkbox"/> <b>UV</b> Unknown Virus Culture ( <b>Non-Respiratory</b> sources <b>only</b> )	
<input type="checkbox"/> Other Specify:	