

UKHealthCare Enterprise Intraoperative Cultures Requisition



Chandler & Good Samaritan Clinical Laboratories
 Chandler: 859-323-5432
 Good Sam: 859-323-9579
 Microbiology: 859-323-5411

Patient Name: _____

Medical Record #: _____

Date of Birth: _____

Affix Chart Label Here

OR Desk Phone: _____ Ordering Physician: _____

Working Diagnosis: _____

Collect Date: _____ Collect Time: _____ Call Results to: _____

Special Instructions: _____ Have antibiotics been administered? Yes or No
 Specify: _____

Please Note: eSwabs are NOT acceptable for AFB or Mycology cultures, other than yeast cultures, or stains. Please submit tissue or fluid in a sterile container for these cultures or stains.

S	Fluid	S	Tissue
	Specify Anatomical Location:		Specify Anatomical Location:
	FLDC Fluid Cultrue		TISC Tissue Culture
	FLDCX Fluid Gram Stain		TISCX Tissue Gram Stain
	ANAC Anaerobe Culture		ANAC Anaerobe Culture
	AFBCNR AFB Culture, non-resp.		AFBCNR AFB Culture, non-resp.
	AFST Acid Fast Stain		AFST Acid Fast Stain
	MYCFLD Fungal Culture		MYCTIS Fungal Culture
	KOHFLD KOH Prep, Fluid		KOHTIS KOH Prep, Tissue
	FCC Fluid Cell Count with Differential	S	Wound (eSwabs)
S	Abscess (eSwabs or aspirates)		Specify Anatomical Location:
	Specify Anatomical Location:		WDC Wound Culture
	ABSCUL Abscess Culture		WDCX Wound Gram Stain
	ABSCUX Abscess Gram Stain		ANAC Anaerobe Culture
	ANAC Anaerobe Culture		YEASC Fungal Culture
	AFBCNR AFB Culture, non-resp. (<i>aspirate only</i>)		Kidney Stone
	AFST Acid Fast Stain (<i>aspirate only</i>)		KSTN Kidney Stone Analysis Source: _____
	YEASC Fungal Culture		Urine
S	Bone - Fragments or Aspirates		Specify Anatomical Location:
	Specify Anatomical Location:		URNC Urine Culture - Clean catch
	BONC Bone Culture		URNC Urine Culture - Foley
	BONCX Bone Gram Stain		URCATH Urine Culture - In-and-out catheterized
	ANAC Anaerobe Culture		AFBCNR AFB Culture, non-resp.
	AFBCNR AFB Culture, non-resp.		AFST Acid Fast Stain
	AFST Acid Fast Stain		YEASC Fungal Culture
	MYCTIS Fungal Culture		
	KOHTIS KOH Prep, Bone		
S	Other		
	Specify Anatomical Location:		
Specify Testing:		Physician Signature: _____	