



**DIVISION OF LABORATORY MEDICINE**  
**Clinical Microbiology Laboratory**

4<sup>th</sup> Floor Gates ■ Phone: 215-662-3406 (24/7) ■ Fax: 215-349-8291  
Client Services: 215-662-4808

Label Area

Name of Collector (required by law)

Requesting Physician & Contact Number

Date of Collection (required by law)

Time of Collection (required by law)

Clinical Details:

**M  
I  
C  
R  
O  
B  
I  
O  
L  
O  
G  
Y**

**Specimen Source (Required)**

- |   |  |   |   |  |  |
|---|--|---|---|--|--|
| <input type="checkbox"/> Abscess          | <input type="checkbox"/> Catheter tip    | <input type="checkbox"/> Eye                  | <input type="checkbox"/> Peritoneal fluid | <input type="checkbox"/> Sputum            | <input type="checkbox"/> Urine clean catch |
| <input type="checkbox"/> Ascites          | <input type="checkbox"/> Cervix          | <input type="checkbox"/> Joint fluid          | <input type="checkbox"/> Pleural fluid    | <input type="checkbox"/> Stool             | <input type="checkbox"/> Urine catheter    |
| <input type="checkbox"/> Aspirate         | <input type="checkbox"/> CSF             | <input type="checkbox"/> Lung                 | <input type="checkbox"/> Pus              | <input type="checkbox"/> Throat            | <input type="checkbox"/> Vaginal           |
| <input type="checkbox"/> Bone             | <input type="checkbox"/> Decubitus ulcer | <input type="checkbox"/> Nares                | <input type="checkbox"/> Rectal           | <input type="checkbox"/> Tissue            | <input type="checkbox"/> Vaginal/rectal    |
| <input type="checkbox"/> Bronchial brush  | <input type="checkbox"/> Drainage        | <input type="checkbox"/> Penis                | <input type="checkbox"/> Sinus            | <input type="checkbox"/> Tracheal aspirate | <input type="checkbox"/> Wound, open       |
| <input type="checkbox"/> Bronchial lavage | <input type="checkbox"/> Ear             | <input type="checkbox"/> Peritoneal dialysate | <input type="checkbox"/> Skin             | <input type="checkbox"/> Urethra           | <input type="checkbox"/> Wound, closed     |

Other source:

Body site:

**Test Request**

**Blood Cultures**

- ☐ Bacterial and yeast; use Bactec vials ☐ peripheral ☐ line  
☐ Mycobacteria (TB, MAI etc.) **Requires approval**; use Isolator  
☐ Fungus **Requires approval**; use Isolator

**Central Nervous System (CSF)**

- ☐ Bacterial Culture  
☐ Fungal Culture ☐ Cryptococcal antigen  
☐ Viral PCR (requires approval); specify virus:

**Urinary Tract**

- ☐ Urine culture, high count \* ☐ Urine culture, low count \*  
☐ Gram stain  
☐ Legionella urinary antigen

\* Refer to Lab Tests Services for Guide for explanation

**Gastrointestinal Tract (Stool)**

- ☐ Clostridium difficile (fresh stool, no preservatives)  
☐ Enteric pathogen panel\* (send in Cary Blair fecal transport vial)  
\* Includes Salmonella, Shigella, Campylobacter, Aeromonas, Plesiomonas, Vibrio, Yersinia, Shiga Toxin, Rotavirus, Norovirus  
☐ Rotavirus only (send in Cary Blair fecal transport vial)

**Genital Tract and STD testing**

- Molecular testing: ☐ Chlamydia ☐ Gonorrhea ☐ Trichomonas  
☐ Chlamydia culture ☐ Gonorrhea culture  
☐ Group B Streptococcus (vaginal/rectal swab)  
☐ Gram stain for bacterial vaginosis ☐ Gram stain for yeast  
☐ Herpes PCR

Other requests:

**Respiratory Tract \***

- ☐ Routine bacterial culture ☐ Routine bacterial culture, CF patient  
☐ Fungal culture  
☐ Mycobacterial (AFB) culture and stain  
☐ Legionella PCR (also submit urine; see Urinary Tract)  
☐ Throat swab for Group A Streptococcus  
☐ MRSA screening (nasal swab only)

\*Send a separate specimen and requisition form to Molecular Pathology for respiratory virus PCR (includes metapneumovirus) and CMV PCR.

**Wounds, Fluids, Tissue, etc**

- ☐ Routine bacterial culture; includes gram stain if appropriate specimen  
☐ Anaerobe culture; includes routine (aerobic) culture  
☐ Fungal culture  
☐ Mycobacterial (AFB) culture; includes stain if appropriate sample

**Ova and Parasites**

- ☐ Giemsa stain for blood parasites (Malaria)  
☐ Cryptosporidium/Giardia immunoassay ☐ Microsporidium  
☐ Other ova and parasites; specify parasite or travel history:

**Virus Detection, specimens other than CSF\***

- ☐ Herpes PCR ☐ VZV PCR (skin and soft tissue)  
☐ West Nile antibody (serum only)  
☐ Other; specify

\* Send blood for CMV and respiratory specimens for respiratory virus and CMV PCR to Molecular Pathology

