



DIVISION OF LABORATORY MEDICINE
Anna M. Moran M.D., Medical Director

FOR USE IN O.R. ONLY

Label Area

OR Location	OR Phone Number	Name of Collector (required by law)	Collector's Cell Phone Number
Date Collected (required by law)	Time of Collection (required by law)	Tests ordered were verified with the following Attending Physician (only complete if the collector is not the Attending Physician)	

Clinical details; include organism sought if known:

Additional specimen collection and test ordering information can be found in the Laboratory Tests Services Guide which is accessible on the UPHS Intranet Home Page.

Specimen Source (Required Information)			
Note: If submitting multiple specimens, complete a requisition for each one.			
M I C R O B I O L O G Y	<input type="checkbox"/> Abscess	<input type="checkbox"/> Bronchial biopsy	<input type="checkbox"/> Decubiti ulcer
	<input type="checkbox"/> Ascites	<input type="checkbox"/> Bronchial brushing	<input type="checkbox"/> Joint fluid
	<input type="checkbox"/> Aspirate	<input type="checkbox"/> Bronchial lavage	<input type="checkbox"/> Peritoneal fluid
	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Catheter tip	<input type="checkbox"/> Pleural fluid
	<input type="checkbox"/> Bone	<input type="checkbox"/> CSF	<input type="checkbox"/> Pus
		<input type="checkbox"/> Sinus	<input type="checkbox"/> Tissue
			<input type="checkbox"/> Urine <input type="checkbox"/> catheterized <input type="checkbox"/> clean catch
			<input type="checkbox"/> Urine, collected by invasive procedure
			<input type="checkbox"/> Wound <input type="checkbox"/> open <input type="checkbox"/> closed
			<input type="checkbox"/> Other, specify;
	Body site (required)		Is this specimen from a joint? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, is it prosthetic? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Test Request - Bronchoscopy Specimens		Test Request - Other Specimens
	<input type="checkbox"/> Routine bacterial (aerobic*) culture; includes Gram stain <input type="checkbox"/> Mycobacterial (AFB) culture; includes AFB stain <input type="checkbox"/> Fungal culture <input type="checkbox"/> Legionella PCR <input type="checkbox"/> Other:		<input type="checkbox"/> Routine bacterial (aerobic) culture; includes Gram stain <input type="checkbox"/> Anaerobe culture (includes routine aerobic culture and Gram stain) <input type="checkbox"/> Fungal culture <input type="checkbox"/> Mycobacterial (AFB) culture and stain <input type="checkbox"/> Urine culture <input type="checkbox"/> Other:
	* Bronchoscopy specimens are not acceptable for anaerobic culture		<input type="checkbox"/> If STAT Gram stain; call back number required _____
	Notes: <ul style="list-style-type: none"> Optimal volume for bronchoscopy specimens is 20 mL Respiratory viruses, CMV and metapneumovirus: Testing is performed in Molecular Pathology; send a separate specimen (5 mL) and Molecular Pathology requisition to Central Receiving & Processing (5th floor Wright Saunders). PCP (Pneumocystis jiroveci): Testing is performed in Cytology; send a separate specimen and a Cytology requisition to the Cytology Lab (5th floor Wright Saunders). 		Notes: <ul style="list-style-type: none"> Tissue or material obtained by aspiration submitted in a sterile cup is always superior to specimens collected on a swab. If the specimen can only be collected by using a swab you must use an Eswab. Do not collect body fluids or CSF in an Eswab as the specimen will be diluted; collect in a sterile cup.
	Person completing this form Please print name legibly	Person sending the specimen if different from person completing this form Please print name legibly	If applicable, please hand deliver all specimens to PPMC lab Please print name legibly