

This requisition is only used for Podiatry specimens collected in the OR



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

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:

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	Type of joint: <input type="checkbox"/> foot <input type="checkbox"/> ankle <input type="checkbox"/> left <input type="checkbox"/> right Type of specimen: <input type="checkbox"/> tissue <input type="checkbox"/> bone <input type="checkbox"/> purulent fluid <input type="checkbox"/> joint fluid aspirate <input type="checkbox"/> other; specify:			
	Detailed description: Foot	Detailed description: Ankle	Detailed description: Other	
	<input type="checkbox"/> Synovial fluid <input type="checkbox"/> Synovium <input type="checkbox"/> Phalanx/bone interface <input type="checkbox"/> Phalanx canal <input type="checkbox"/> Metatarsal/bone interface <input type="checkbox"/> Metatarsal canal <input type="checkbox"/> Navicular <input type="checkbox"/> Cuboid <input type="checkbox"/> Calcaneus <input type="checkbox"/> Other _____	<input type="checkbox"/> Synovial fluid <input type="checkbox"/> Synovium <input type="checkbox"/> Talus implant/ bone interface <input type="checkbox"/> Talar canal <input type="checkbox"/> Tibia poly / tibia implant interface <input type="checkbox"/> Tibia implant/bone interface <input type="checkbox"/> Tibia canal <input type="checkbox"/> Fibula <input type="checkbox"/> Other _____		
	If submitting multiple specimens: This is specimen number <input type="text"/> of <input type="text"/> total specimens Is this the best specimen? <input type="checkbox"/> yes <input type="checkbox"/> no			
	Single Specimen or the Best of Multiple Specimens	Multiple Specimen not Designated as the Best or Subsequent Surgery Specimen	Special Requests	
	<input type="checkbox"/> Comprehensive work-up, includes: <ul style="list-style-type: none"> • Routine (aerobic) culture • Anaerobic culture • Gram stain • Fungal culture 	<input type="checkbox"/> Regular work-up, includes: <ul style="list-style-type: none"> • Routine (aerobic) culture • Anaerobic culture • Gram stain 	Note: Mycobacterial (AFB) culture and stain may only be performed after consultation with and approval of attending. Attending Name: _____ <input type="checkbox"/> AFB Culture	
	Person completing this form Please print name legibly	Signature of person sending the specimen if different from person completing this form Please print name legibly	Signature of person hand-delivering specimen to the PPMC lab if applicable Please print name legibly	