



**Penn Medicine** | Penn Presbyterian  
Medical Center

**DIVISION OF LABORATORY MEDICINE**  
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Label Area

Name of Collector (required by law)		Requesting Physician & Contact Number				
Date Collected (required by law)	Time of Collection (required by law)	Clinical Details:				
<b>M I C R O B I O L O G Y</b>	<b>Specimen Source (Required)</b>					
	<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:			
	<b>Test Request</b>					
	<b>Blood Cultures</b>			<b>Respiratory Tract *</b>		
<input type="checkbox"/> Bacterial and yeast; use Bactec vials <input type="checkbox"/> peripheral <input type="checkbox"/> line			<input type="checkbox"/> Routine bacterial culture <input type="checkbox"/> Routine bacterial culture, <b>CF patient</b>			
<input type="checkbox"/> Mycobacteria (TB, MAI etc.) <b>Requires approval</b> ; use Isolator			<input type="checkbox"/> Fungal culture			
<input type="checkbox"/> Fungus <b>Requires approval</b> ; use Isolator			<input type="checkbox"/> Mycobacterial (AFB) culture and stain			
<b>Central Nervous System (CSF)</b>			<input type="checkbox"/> Legionella PCR (also submit urine; see Urinary Tract)			
<input type="checkbox"/> Bacterial Culture			<input type="checkbox"/> Throat swab for Group A Streptococcus			
<input type="checkbox"/> Fungal Culture <input type="checkbox"/> Cryptococcal antigen			<input type="checkbox"/> MRSA screening (nasal swab only)			
<input type="checkbox"/> Viral PCR (requires approval); specify virus:			*Send a separate specimen and requisition form to Molecular Pathology for respiratory virus PCR (includes metapneumovirus) and CMV PCR.			
<b>Urinary Tract</b>			<b>Wounds, Fluids, Tissue, etc</b>			
<input type="checkbox"/> Urine culture, high count * <input type="checkbox"/> Urine culture, low count *			<input type="checkbox"/> Routine bacterial culture; includes gram stain if appropriate specimen			
<input type="checkbox"/> Gram stain			<input type="checkbox"/> Anaerobe culture; includes routine (aerobic) culture			
<input type="checkbox"/> Legionella urinary antigen			<input type="checkbox"/> Fungal culture			
* Refer to Lab Tests Services for Guide for explanation			<input type="checkbox"/> Mycobacterial (AFB) culture; includes stain if appropriate sample			
<b>Gastrointestinal Tract (Stool)</b>			<b>Ova and Parasites</b>			
<input type="checkbox"/> Clostridium difficile (fresh stool, no preservatives)			<input type="checkbox"/> Giemsa stain for blood parasites (Malaria)			
<input type="checkbox"/> Enteric pathogen panel* (send in Cary Blair fecal transport vials)			<input type="checkbox"/> Cryptosporidium/Giardia immunoassay <input type="checkbox"/> Microsporidium			
* Includes Salmonella, Shigella, Campylobacter, Aeromonas, Plesiomonas, Vibrio, Yersinia, Shiga Toxin, Rotavirus, Norovirus			<input type="checkbox"/> Other ova and parasites; specify parasite or travel history:			
<input type="checkbox"/> Rotavirus only (send in Cary Blair fecal transport vial)						
<b>Genital Tract and STD testing</b>			<b>Virus Detection, specimens other than CSF*</b>			
Molecular testing: <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Trichomonas			<input type="checkbox"/> Herpes PCR <input type="checkbox"/> VZV PCR (skin and soft tissue)			
<input type="checkbox"/> Chlamydia culture <input type="checkbox"/> Gonorrhea culture			<input type="checkbox"/> West Nile antibody (serum only)			
<input type="checkbox"/> Group B Streptococcus (vaginal/rectal swab)			<input type="checkbox"/> Other; specify			
<input type="checkbox"/> Gram stain for bacterial vaginosis <input type="checkbox"/> Gram stain for yeast			* Send blood for CMV and respiratory specimens for respiratory virus and CMV PCR to Molecular Pathology			
<input type="checkbox"/> Herpes PCR						
<b>Other requests:</b>						

Consult "Guide to Laboratory Services" for specific information. **ALL SPECIMENS MUST BE PROPERLY LABELED WITH PATIENT NAME, HOSPITAL NUMBER, DATE OF BIRTH, PHYSICIAN NAME, LOCATION, TIME OF COLLECTION AND SPECIMEN SOURCE.**

### CHLAMYDIA TESTING

**CHLAMYDIA - GEN PROBE** (genital) - Please submit specimens collected using the swab included in the SPECIMEN COLLECTION KIT. Place swab into the transport tube provided. Tubes submitted without swabs **CANNOT** be tested. Only female endocervical and male urethral sites may be submitted for chlamydia EIA testing. Specimens from other sites should be submitted for DFA and / or cultures.

**CHLAMYDIA CULTURE** (extra genital sites or low prevalence populations such as infertility work-ups) - Specimens submitted for chlamydia culture must be submitted in chlamydia transport media (available in the Microbiology / Serology Laboratory, 4th Floor Gates). **DO NOT SUBMIT SPECIMENS FOR CHLAMYDIA TESTING ON SWABS WITH WOODEN SHAFTS. WOOD IS TOXIC TO CHLAMYDIA!**

### MICROBIAL DETECTION

**CRYPTOCOCCAL ANTIGEN** - CSF specimens submitted for cryptococcal antigen testing will also be cultured for fungi.

**LEGIONELLA URINE ANTIGEN** - Specimens submitted for Legionella urine antigen testing should be accompanied by an appropriate respiratory specimen for Legionella culture.

### VIROLOGY

**CULTURE AND RAPID ANTIGEN DETECTION** - Specimen source must be clearly indicated on all specimens submitted for viral culture.

All specimens submitted for viral culture - WITH THE EXCEPTION OF CSF, URINE, BLOOD, AND OTHER STERILE BODY FLUIDS must be submitted in viral transport media.

#### **RAPID ANTIGEN DETECTION**

Stool specimens submitted for Rotavirus must be submitted in clean containers that DO NOT contain media, preservatives or detergent.

Blood (buffy coat) specimens for CMV rapid antigen detection or culture **MUST** be collected in a GREEN top (heparinized) tube. Specimen should be drawn between 6 AM and 10:30 AM and delivered to the laboratory at room temperature BY 11 AM (since they must be processed within 6 hours of collection). Minimum volume is 5 ml.

**ANTIBODY TITERS** - Specimens for viral serology (please indicate request for titer or immune status screen) should be submitted in plain, red top tubes. Minimum volume is 2 ml. Now performed in Immunology Laboratory, 7 Founders (call X6010)