



**Pathology Services Referral Laboratory and Research
Microbiology Services**

4502 Medical Drive San Antonio, Texas 78229-4493

ALL FIELDS BELOW MUST BE COMPLETED FOR PROPER SPECIMEN HANDLING AND REPORTING

Patient Name (Last, First): _____		Patient ID: _____		Client Account: _____	
Client Accession # _____		Collected By: _____		Collection Date & Time: _____	
Sex: M _____ F _____		DOB: _____		Phone #: _____	
Provider: _____		UPIN #: _____		Fax #: _____	
Provider Zip Code: _____					

Source (Check All That Apply)

<input type="checkbox"/> CSF	<input type="checkbox"/> Nasopharyngeal Swab	<input type="checkbox"/> Oral, Specify: _____
<input type="checkbox"/> BAL	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Genital, Specify: _____
<input type="checkbox"/> EAR	<input type="checkbox"/> Throat Swab	<input type="checkbox"/> Tissue, Specify: _____
<input type="checkbox"/> FECS	<input type="checkbox"/> Sputum	<input type="checkbox"/> Fluid, Specify: _____
<input type="checkbox"/> BLOOD	<input type="checkbox"/> Wound/ Exudate From: _____	<input type="checkbox"/> Eye, Specify: _____
<input type="checkbox"/> URINE		<input type="checkbox"/> Other, Specify: _____

Body Fluid / CSF

<input type="checkbox"/> CXAER	Culture Aerobic (with Gram Stain)*	<input type="checkbox"/> CXBLD	Culture Blood (Bactec Bottles)*	<input type="checkbox"/> CXEYE	Culture Eye (with Gram Stain)
<input type="checkbox"/> CXANA	Culture Anaerobic (with Gram Stain)*	<input type="checkbox"/> ANA	Anti-Nuclear Antibody (Reflex to Titer)*	<input type="checkbox"/> WORM	Pinworm Prep Exam (Scotch Tape)
<input type="checkbox"/> CXAFB	Culture AFB (with AFB Stain)*	<input type="checkbox"/> ANCA	ANCA (MPO and PR3)	Zika - Per CDC Guidelines	
<input type="checkbox"/> CXFUN	Culture Fungal (with KOH/ Calcofluor)*	<input type="checkbox"/> B2GP	Beta-2 Glycoprotein (IgG and IgM)	<input type="checkbox"/> ZIKA Q	1 S, 1 PPT, 1 Urine
<input type="checkbox"/> CXCSF	Culture CSF (with Gram Stain)*	<input type="checkbox"/> CCPG	Cyclic Citrullinated Peptide IgG Antibody	Include Zika form or info below:	
<input type="checkbox"/> INDIA	India Ink	<input type="checkbox"/> HEPPR	Hepatitis Profile - Acute	Pregnant:	Yes _____ No _____
<input type="checkbox"/> MEPCR	Meningitis/ Encephalitis Panel CSF PCR*	<input type="checkbox"/> HAVM	Hepatitis A IgM	Symptomatic:	Yes _____ No _____
<input type="checkbox"/> CRYC	Cryptococcus Ag EIA - CSF (Reflex to Titer)*	<input type="checkbox"/> HAVT	Hepatitis A Total Antibody	Last date of exposure: _____	
<input type="checkbox"/> CRYC	Cryptococcus Ag EIA - Serum (Reflex to Titer)	<input type="checkbox"/> HBCT	Hepatitis B Core Antibody	Country of exposure: _____	

Respiratory

<input type="checkbox"/> FAFB	Influenza A/B PCR	<input type="checkbox"/> HBSAB	Hepatitis B Surface Antibody (Quantitative)	<input type="checkbox"/> S	
<input type="checkbox"/> FAFBR	Influenza A/B w/ RSV PCR	<input type="checkbox"/> HBSAG	Hepatitis B Surface Antigen	<input type="checkbox"/> S	
<input type="checkbox"/> RSPCR	Respiratory Virus PCR Panel	<input type="checkbox"/> HCV	Hepatitis C Antibody 2.0	<input type="checkbox"/> S	
<input type="checkbox"/> CXGAS	Culture Group A Strep (Throat)*	<input type="checkbox"/> HCVQN	HCVRNA PCR (Quantitative, Plasma)	<input type="checkbox"/> PPT	
<input type="checkbox"/> CXMRS	Culture MRSA*	<input type="checkbox"/> BKPN	BK Virus (Quantitative, Plasma)	<input type="checkbox"/> PPT	
<input type="checkbox"/> CXRES	Culture Respiratory (with Gram Stain)*	<input type="checkbox"/> CMVG	Cytomegalovirus IgG	<input type="checkbox"/> S	
<input type="checkbox"/> CXAFB	Culture AFB (with AFB Stain)*	<input type="checkbox"/> CMVM	Cytomegalovirus IgM	<input type="checkbox"/> S	
<input type="checkbox"/> CXFUN	Culture Fungal (with KOH/ Calcofluor)*	<input type="checkbox"/> CMVQN	CMVDNA PCR (Quantitative, Plasma)	<input type="checkbox"/> PPT	

Wound / Exudate

<input type="checkbox"/> CXAER	Culture Aerobic (with Gram Stain)*	<input type="checkbox"/> HIVG4	HIV 1/2 Antibody & Antigen*	<input type="checkbox"/> S	
<input type="checkbox"/> CXANA	Culture Anaerobic (with Gram Stain)*	<input type="checkbox"/> HIVQN	HIVRNA PCR (Quantitative, Plasma)	<input type="checkbox"/> PPT	
<input type="checkbox"/> CXAFB	Culture AFB (with AFB Stain)*	<input type="checkbox"/> HPYAB	Helicobacter pylori IgG	<input type="checkbox"/> S	
<input type="checkbox"/> CXFUN	Culture Fungal (with KOH/ Calcofluor)*	<input type="checkbox"/> MEASG	Measles IgG	<input type="checkbox"/> S	
		<input type="checkbox"/> MUMPG	Mumps IgG	<input type="checkbox"/> S	
		<input type="checkbox"/> PCT	Procalcitonin	<input type="checkbox"/> S	

Bone / Tissue

<input type="checkbox"/> CXAER	Culture Aerobic (with Gram Stain)*	<input type="checkbox"/> RUBG	Rubella IgG	<input type="checkbox"/> S	
<input type="checkbox"/> CXANA	Culture Anaerobic (with Gram Stain)*	<input type="checkbox"/> SYPH	Syphilis screen*	<input type="checkbox"/> S	
<input type="checkbox"/> CXAFB	Culture AFB (with AFB Stain)*	<input type="checkbox"/> TOXOG	Toxoplasma IgG	<input type="checkbox"/> S	
<input type="checkbox"/> CXFUN	Culture Fungal (with KOH/ Calcofluor)*	<input type="checkbox"/> TOXOM	Toxoplasma IgM	<input type="checkbox"/> S	
		<input type="checkbox"/> VZVG	Varicella Zoster IgG	<input type="checkbox"/> S	

Genital

<input type="checkbox"/> CXGBS	Culture Group B Strep*	<input type="checkbox"/> CDPCR	C. difficile Toxin B PCR	<input type="checkbox"/> Enterovirus	<input type="checkbox"/> RSV
<input type="checkbox"/> CXGEN	Culture Genital *	<input type="checkbox"/> HPYAG	H. pylori Stool Antigen - EIA	<input type="checkbox"/> Epstein-Barr (EBV)	<input type="checkbox"/> Rotavirus
<input type="checkbox"/> HSPCR	Herpes Simplex Virus PCR - Type 1 & 2	<input type="checkbox"/> GIPCR	Gastrointestinal PCR Panel*	<input type="checkbox"/> Herpes simplex	<input type="checkbox"/> Toxoplasma
<input type="checkbox"/> STDSC	STD Screen (Gonorrhea and Chlamydia NAAT)			<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Varicella zoster

Urine

<input type="checkbox"/> STDGC	Neisseria gonorrhea NAAT	<input type="checkbox"/> CXURN	Culture Urine*	<input type="checkbox"/> U	
<input type="checkbox"/> STDCT	Chlamydia trachomatis NAAT	<input type="checkbox"/> CXURF	Culture Urine Fungal*	<input type="checkbox"/> U	
<input type="checkbox"/> HPV	Human Papilloma Virus DNA Probe (Thin Prep Vial Only)	<input type="checkbox"/> LEGAG	Legionella Antigen - EIA (Urine)	<input type="checkbox"/> U	
		<input type="checkbox"/> BKURN	BK Virus (Quantitative, Urine)	<input type="checkbox"/> U	

Specimen Codes/ Tubes

PPT = White top Plasma Processing Tube	S = Red Separator Gel	U = Urine	CSF = CSF Tube
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*** Reflex testing may be performed based on initial results. All cultures may incur additional charges due to biochemical workups for identification & susceptibility testing per standard microbiology practices.***