uchealth

University of Colorado Hospital

Clinical Laboratory
Molecular Diagnostics Request

☐ STAT

Patient Identification Label

Name _____

MRN _____

DOB _____

Date of service _____

Collected by	Date	Time	Phone	Location	Tube Station #

Ordering physician	Phone/pager	**Sample source must be identified on this requisition for proper result value.**
ICD-10 Code(s)		☐ Serum ☐ Whole Blood (EDTA) ☐ EDTA Plasma ☐ BAL ☐ Tracheal aspirate ☐ Sputum, _____ ☐ CSF ☐ Other:_____

MOLECULAR DIAGNOSTICS BLOOD (PINK-K2EDTA TUBE)	
LAB3238	☐ Adenovirus PCR Plasma (Quant)
LAB3240	☐ BK Virus Quant PCR Plasma
LAB3243	☐ CMV Quant PCR (Whole Blood or Plasma) ☐ Whole blood ☐ Plasma
LAB3247	☐ EBV Quant PCR (Whole Blood or Plasma) ☐ Whole blood ☐ Plasma
LAB4282	☐ Hepatitis B Quant PCR
LAB887	☐ Hepatitis C Quant PCR
LAB3233	☐ Herpes Simplex Virus PCR Whole Blood (Qual)
LAB3236	☐ HHV-6 PCR Plasma (Quant)
LAB878	☐ HIV Quant PCR**
LAB3235	☐ Varicella-Zoster Virus PCR Whole Blood (Qual)
HOLOGIC Aptima®	
☐ Urine or Swab of: ☐ Genital ☐ Throat ☐ Rectal	
LAB4739	☐ Chlamydia/GC Genprobe** (*C. trachomatis* AND *N. gonorrohoeae* testing)
LAB8918	☐ Trichomonas Genprobe** (*Trichomonas* only testing. Urine or genital sources only.)
LAB8915	☐ Chlamydia/GC/Trich Genprobe** (*C. trachomatis*, *N. gonorrohoeae*, and *trichomonas* testing. Urine or genital sources only.)
Respiratory	
LAB2022	☐ FLUVID NAAT (Rapid, COVID, Flu A/B, and RSV testing) ☐ Nasal Swab ☐ Nasopharyngeal Swab
LAB1988	☐ Respiratory Pathogen PCR Panel (Rapid) ☐ Nasopharyngeal Swab
LAB1989	☐ Respiratory Pathogen PCR Panel (Alternative Source) ☐ BAL ☐ Tracheal aspirate ☐ Other: _____
Stool	
LAB2877	☐ *C. difficile* Toxin PCR
LAB3331	☐ Norovirus PCR
LAB2005	☐ GI PCR Panel (Includes *C. diff* and Noro) **Test not performed on patients admitted >3 days**
OTHER (specify)	
	☐
	☐

MOLECULAR DIAGNOSTICS Miscellaneous (non-blood)	
LAB3239	☐ Adenovirus PCR (Quant)
LAB8656	☐ AFB Culture & MTB/RIF PCR Panel (Qual)
LAB3311	☐ BK Virus Quant PCR Urine
LAB3244	☐ CMV PCR (Quant & Qual) ☐ CMV PCR on Urine
LAB4248	☐ Cryptococcal Ag CSF
LAB927	☐ Cryptococcal Ag Serum (No Gel)
LAB3248	☐ EBV Quant PCR
LAB3246	☐ Enterovirus PCR (Qual)
LAB3249	☐ Herpes Simplex Virus PCR (Qual)
LAB482	☐ Heterophile Ab (Monospot)
LAB4583	☐ HHV-6 PCR (Qual & Quant)
LAB2830	☐ Multiplex Vaginal PCR Panel (MVP PCR) *Xpert Swab Specimen Collection Kit*
LAB8534	☐ *Pneumocystis jirovecii* (PCP) PCR
LAB3349	☐ Varicella-Zoster Virus PCR (Qual)
ESwabs®	
LAB8664	☐ Group A Strep PCR (throat)
LAB5196	☐ Group B Strep PCR (rectal/vaginal)
LAB4534	☐ MRSA Surveillance PCR (nasal only)
GENOTYPING	
LAB4822	☐ Blood Group Genotyping/Phenotyping
SEROLOGY	
LAB467	☐ Cytomegalovirus Antibody, IgG
LAB957	☐ Cytomegalovirus Antibody, IgM
LAB3229	☐ Epstein-Barr Virus (EBV) Acute Group *Includes EBV Viral Capsid Antigen (VCA) IgG and EBV VCA IgM.*
LAB3616	☐ Epstein-Barr Virus (EBV) Follow-up Group *Includes EBV VCA IgG, EBV VCA IgM, Epstein-Barr Nuclear Antigen (EGNA).* ***Do not order EBV Acute & Follow-up Groups on same sample***
LAB3226	☐ Herpes Simplex Virus, HSV Type 1 & HSV Type 2, IgG Antibody
LAB162	☐ Varicella-Zoster Virus (VZV) IgG Antibody* ***STAT orders require prior approval. Call Lab at 720.848.4401**
LAB657	☐ Measles (Rubeola) IgG
LAB160	☐ Mumps IgG

Physicians should only order tests medically necessary for the treatment or diagnosis of the patient. For outpatient services, enter the appropriate ICD-10 codes which demonstrate the medical necessity of each test ordered (REQUIRED).

Some test results may generate additional testing. Visit uchealth.org/professionals/uch-clinical-laboratory/ to see our Reflex Testing Protocols.

** Unless this testing meets an exception under Colorado law, by authorizing this order you understand that Colorado law requires you to inform the patient that (1) you have ordered testing for sexually transmitted infections, (2) the results may be reported to Colorado's health department, and (3) the patient can opt out of the testing.

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Specimen Collection Instructions

Test/ Method	Source	Specimen/ Container	Collection	Storage/Transport
Group A Strep PCR	Throat	ESwab®	Swab throat. Avoid touching tongue, cheeks, and teeth.	Deliver ASAP to the Clinical Laboratory, Leprino Room 253.
Group B Strep PCR	Vaginal/ Rectal	ESwab®	Swab BOTH areas with a single swab.	
MRSA PCR	Nasal	ESwab®	Swab both nares with a single swab.	
MVP PCR	Vaginal	Xpert® Swab Specimen Collection Kit		
CTNGAMP; CTNGTrich; TRICH	Genital, throat, rectal, or eye or Urine	HOLOGIC Aptima® Swab or HOLOGIC Aptima® Urine Kit or Clear Top urine		
GI PCR Panel Plus	Stool	Cary-Blair Kit		
Other PCR	Body fluid, stool, or tissue	Sterile (no additive) container		
	Swab	Flocked swab placed in viral transport media (M6/VTM/UTM/ sterile PBS)		