uchealth

University of Colorado Hospital

Clinical Laboratory Microbiology Request

☐ STAT

Patient Identification Label

Name _____

MRN _____

DOB _____

Date of service _____

Location _____

Phone _____

Tube Station # _____

Ordering Provider _____

Provider Phone _____

☐ SERUM ☐ WHOLE BLOOD ☐ PLASMA
☐ URINE ☐ BAL ☐ NASAL WASH
☐ CSF ☐ GENITAL ☐ ORAL
☐ OTHER _____

Collection Date _____ Collection Time _____

Collected by _____

Physicians should only order tests medically necessary for the treatment or diagnosis of the patient. For outpatient services only, enter the appropriate ICD10 Codes which demonstrate the medical necessity of each test ordered (REQUIRED).

Special Instructions, type of infection, suspected organism:

Bacterial Culture (includes anaerobic culture and sensitivity testing where appropriate) **ICD10 Code**

LAB8619 ☐ BLOOD CULTURE Specify site: _____
Includes quantitative culture (pour plates) if paired green top tubes from peripheral and line specimens are received with blood culture sets.

LAB3274 ☐ ABSCESS/CLOSED WOUND Specify site _____ _____

LAB269 ☐ BODY FLUID ☐ Joint/Synovial ☐ Peritoneal ☐ Pleural
☐ Other (specify site) _____ _____

LAB3274 ☐ BONE MARROW _____

LAB268 ☐ CSF ☐ CSF Shunt _____

LAB3274 ☐ CATHETER Specify type _____ _____

LAB3274 ☐ DRAINAGE/OPEN WOUND Specify site _____ _____

LAB3274 ☐ EAR Specify: ☐ Drainage ☐ Tympanocentesis _____

LAB3274 ☐ EYE Specify: ☐ Conjunctiva ☐ Cornea _____

LAB3274 ☐ GENITAL Specify: ☐ Amniotic fluid ☐ Endometrial ☐ Placenta
☐ Prostate ☐ Uterine ☐ Vaginal _____

LAB3277 ☐ RESPIRATORY Specify: ☐ Expectorated sputum ☐ Induced sputum
☐ Tracheal aspirate ☐ Bronchial (specify) _____ _____

LAB3274 ☐ SKIN Specify site _____ _____

LAB8905 ☐ STOOL GI PCR PANEL PLUS is performed (includes bacterial, parasitic and viral enteric pathogens). _____

LAB3274 ☐ TISSUE/BIOPSY Specify site _____ _____

LAB239 ☐ URINE Specify: ☐ Clean catch ☐ Single/straight cath ☐ Indwelling cath
☐ Nephrostomy ☐ Other _____ _____

☐ OTHER _____ _____

OTHER CULTURES/EXAMINATIONS Source/Site (if not indicated above) _____

		ICD10 Code
LAB3452	☐ AFB Culture (includes concentrated smear on appropriate specimens)	_____
LAB240	☐ Fungus Culture	_____
LAB3365	☐ Fungus Culture for Hair, Skin, Nails	_____
LAB3353	☐ GC Culture**	_____
LAB3276	☐ Infection Control Screen	_____
	Organism to screen for: _____	
LAB3448	☐ MRSA Screen Culture	_____
LAB3449	☐ VRE Screen	_____
LAB3450	☐ Yeast Screen (vaginal, oropharyngeal)	_____
LAB250	☐ Gram Stain	_____
	☐ Other Microscopic Exam _____	
LAB1319	☐ Giardia/Cryptosporidium Antigen	_____
LAB927	☐ Cryptococcal Antigen Serum (No gel)	_____
LAB4248	☐ Cryptococcal Antigen CSF	_____

		ICD10 Code
LAB955	☐ Ova & Parasite Exam	_____
	One or more of the following must apply:	
	Specify	
	☐ Travel or residence in an endemic area	_____
	(Specify where) _____	
	☐ Immunocompromised host	
	☐ Eosinophilia	
	☐ Persistent diarrhea with previous negative antigens	
	☐ Outbreak or Day Care exposure	

MOLECULAR TESTING

LAB8664	☐ Group A Strep PCR	_____
LAB5196	☐ Group B Strep PCR	_____
LAB4535	☐ MRSA Surveillance PCR (nasal)	_____
LAB2830	☐ MVP PCR (Xpert vaginal swab)	_____
LAB8534	☐ Pneumocystis (PCP) PCR	_____

For other PCR testing, refer to "Clinical Lab Molecular Diagnostic Request (LAB20014)"

To order Blood Parasites, see page 2 of this form

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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 testing. Some test results may generate additional testing. Visit **Compliance at https://www.uchealth.org/professionals/Pages/Clinical-Laboratory.aspx to see our Reflex Testing Protocols.

ICD10 Code

LAB3267 ☐ Blood Parasites _____

Send sample to lab within one hour of collection.

Includes:

- Rapid malarial antigen on initial specimen
- Blood parasite slide exam
- Parasitemia calculation for Plasmodium falciparum and Babesia species only

Please fill out complete details below. Failure to provide necessary information may delay testing.

Patient's travel history_____

Primary admitting diagnosis _____

History of blood parasites? _____

If yes, what species? _____

Is this the initial specimen?_____

Is this a follow-up sample for parasitemia? _____