

**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)			<input type="checkbox"/> Serum <input type="checkbox"/> Whole Blood (EDTA) <input type="checkbox"/> EDTA Plasma <input type="checkbox"/> BAL <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Sputum, _____ <input type="checkbox"/> CSF <input type="checkbox"/> Other: _____		

MOLECULAR DIAGNOSTICS BLOOD (PINK-K2EDTA TUBE)	
LAB3238	<input type="checkbox"/> Adenovirus PCR Plasma (Quant)
LAB4822	<input type="checkbox"/> Blood Group Genotyping/Phenotyping
LAB3240	<input type="checkbox"/> BK Virus Quant PCR Plasma
LAB3243	<input type="checkbox"/> CMV Quant PCR (Plasma or Whole Blood) <input type="checkbox"/> Plasma <input type="checkbox"/> Whole blood
LAB3247	<input type="checkbox"/> EBV Quant PCR (Plasma or Whole Blood) <input type="checkbox"/> Plasma <input type="checkbox"/> Whole blood
LAB3245	<input type="checkbox"/> Enterovirus PCR Plasma
LAB4282	<input type="checkbox"/> Hepatitis B Quant PCR
LAB887	<input type="checkbox"/> Hepatitis C Quant PCR
LAB3233	<input type="checkbox"/> Herpes Simplex Virus PCR - Plasma (Qual)
LAB3236	<input type="checkbox"/> HHV-6 PCR Plasma (Quant)
LAB878	<input type="checkbox"/> HIV Quant PCR**
LAB3235	<input type="checkbox"/> Varicella-Zoster Virus PCR - Plasma (Qual)
HOLOGIC Aptima®	
<input type="checkbox"/> Urine OR Swab of: <input type="checkbox"/> Genital <input type="checkbox"/> Throat <input type="checkbox"/> Rectal	
LAB4739	<input type="checkbox"/> Chlamydia/GC Genprobe** (<i>C. trachomatis</i> AND <i>N. gonorrhoeae</i> testing)
LAB8918	<input type="checkbox"/> Trichomonas Genprobe** (<i>Trichomonas</i> only testing. Urine or genital sources only.)
LAB8915	<input type="checkbox"/> Chlamydia/GC/Trich Genprobe** (<i>C. trachomatis</i> , <i>N. gonorrhoeae</i> , and <i>trichomonas</i> testing. Urine or genital sources only.)
LAB6879	<input type="checkbox"/> <i>Mycoplasma genitalium</i> Amplification
Xpert® Swab Specimen Collection Kit	
LAB2830	<input type="checkbox"/> MultiPlex Vaginal PCR Panel (MVP)
ESwabs®	
LAB6180	<input type="checkbox"/> <i>Candida auris</i> Screen PCR (axilla/groin)
LAB8664	<input type="checkbox"/> Group A Strep PCR (throat)
LAB5196	<input type="checkbox"/> Group B Strep PCR (rectal/vaginal)
LAB4534	<input type="checkbox"/> MRSA Surveillance PCR (nasal)
Other (specify)	
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). The test results may generate additional testing. Visit uchealth.org/professionals/uch-clinical-laboratory/ to see our Reflex Testing Protocols.	

MOLECULAR DIAGNOSTICS Miscellaneous (non-blood)	
LAB3239	<input type="checkbox"/> Adenovirus PCR (Quant)
LAB3311	<input type="checkbox"/> BK Virus Quant PCR Urine
LAB3244	<input type="checkbox"/> CMV PCR (Quant & Qual)
LAB8920	<input type="checkbox"/> Carbapenemase-Producing Organism PCR (CPO Screen) (rectal only w/ Copan Stuart Dual Swab)
LAB3248	<input type="checkbox"/> EBV Quant PCR
LAB3246	<input type="checkbox"/> Enterovirus PCR (Qual)
LAB3249	<input type="checkbox"/> Herpes Simplex Virus PCR (Qual)
LAB4583	<input type="checkbox"/> HHV-6 PCR (Qual & Quant)
LAB8673	<input type="checkbox"/> Measles Virus PCR (Qual)
LAB5200	<input type="checkbox"/> Meningitis/Encephalitis PCR Panel (MEP) (Qual) (CSF)
LAB3349	<input type="checkbox"/> Varicella-Zoster Virus PCR (Qual)
Respiratory	
LAB8656	<input type="checkbox"/> AFB Culture & MTB/RIF PCR Panel
LAB9130	<input type="checkbox"/> Bordetella pertussis/parapertussis PCR (NP swab)
LAB8534	<input type="checkbox"/> <i>Pneumocystis jirovecii</i> (PCP) PCR (Qual)
LAB2022	<input type="checkbox"/> FLUVID NAAT (Rapid, COVID, Flu A/B, and RSV testing) <input type="checkbox"/> Nasal Swab <input type="checkbox"/> Nasopharyngeal Swab
LAB1988	<input type="checkbox"/> Respiratory Pathogen PCR Panel (Rapid) <input type="checkbox"/> Nasopharyngeal Swab
LAB1989	<input type="checkbox"/> Respiratory Pathogen PCR Panel (Rapid, Alternative Source) <input type="checkbox"/> BAL <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Nasal Swab
Stool	
LAB2877	<input type="checkbox"/> <i>C. difficile</i> Toxin PCR
Lab3331	<input type="checkbox"/> Norovirus PCR
LAB2005	<input type="checkbox"/> GI PCR Panel (Includes <i>C. diff</i> and Noro) Test not performed on patients admitted >3 days.
Non-PCR	
LAB4248	<input type="checkbox"/> Cryptococcal Ag CSF
LAB927	<input type="checkbox"/> Cryptococcal Ag Serum (Red No Gel)
LAB482	<input type="checkbox"/> Heterophile Antibody, Infectious Mononucleosis <input type="checkbox"/> Serum (No Gel) <input type="checkbox"/> Whole blood <input type="checkbox"/> Plasma
LAB8440	<input type="checkbox"/> (1,3)-Beta-D-Glucan (Fungitell) (SST)
LAB4469	<input type="checkbox"/> Gastric Occult Blood
LAB3461	<input type="checkbox"/> <i>Streptococcus pneumoniae</i> Antigen Urine
LAB886	<input type="checkbox"/> <i>Legionella</i> Antigen Urine
** 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.	
<i>C. auris</i> PCR	Axilla/Groin	ESwab®	Swab bilateral axilla and groin with a single swab.	
CPO PCR	Rectal	Copan Stuart Dual Swab		
MVP PCR	Vaginal	Xpert® Swab Specimen Collection Kit		
CTNGAMP; CTNGTrich; TRICH; MGENAMP	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)		