

CHILDREN'S HEALTH

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PHYO

CMC34420-003NS

Rev. 1/2022

Bronchoalveolar Lavage Requisition

Place a patient label on all sheets

Location: _____

Patient Name: _____

DOB: _____

Medical Record Number: _____

CSN: _____

Collection Date: _____ Time: _____

Collector logon ID: _____

Clinical Diagnosis:

Cystic Fibrosis / Pulmonary Ciliary Dyskinesia Diagnosis: ☐ Yes ☐ No

Summary Clinical History:

Contact a laboratory pathologist for consultation of appropriate test ordering.

Pooled specimen: ☐ Yes ☐ No

◆ Prioritize testing (1, 2, 3) if specimen quantity is questionable.

| Microbiology | | | | | Sendout Testing | | | | |
|--|--------------------------|------------------------------------|-------------------------|-----------------|------------------------------------|--------------------------|--------------------------------------|----------------------|---------------------------|
| Check Test Request | ◆ Prioritize (If needed) | Test Name | Ordering Mnemonic | Volume Required | Check Test Request | ◆ Prioritize (If needed) | Test Name | Ordering Mnemonic | Volume Required |
| | | Bacterial culture with gram stain | C BAL | 1 mL | | | Epstein-Barr virus by PCR | EBV PCR SO (LAB4664) | 1 mL |
| | | Fungal culture with KOH prep | C Fungus | 1 mL | | | Herpes Simplex virus by PCR | HSV by PCR (LAB4081) | 0.5 mL |
| | | Nocardia culture | C Nocardia | 0.5 mL | | | Mycobacterium Tuberculosis by PCR | Myco Tube (LAB4775) | 1 mL |
| Virology | | | | | | | Mycoplasma Pneumoniae PCR | Myco PNE (LAB3287) | 0.5 mL |
| | | Respiratory viral panel with COVID | RP2 PCR (LAB5258) | 0.5 mL | | | Aspergillus Galactomannan | Asp Gal-BF (LAB4586) | 0.6 mL |
| | | CMV Qual PCR | CMV Qual (LAB4767) | 0.5 mL | | | Beta-D- Glucan | Beta D BAL (LAB5150) | 0.5 mL |
| | | Adenovirus Qualitative PCR | ADV PCR (LAB4667) | 0.5 mL | | | Pneumocystis PCR | PNE PCR (LAB4091) | 0.5 mL |
| Core Lab | | | | | | | Legionella PCR | LEG PCR (LAB2581) | 0.5 mL |
| | | Cell Count & Differential | BAL Cell / Differential | 1 mL | | | AFB culture with acid fast stain | C AFB (LAB4779) | 1 mL (5 mL for AFB stain) |
| Histology | | | | | Other / Miscellaneous Tests | | | | |
| | | Cytology examination | | 2 mL | | | Electron microscopy ciliary motility | | |
| | | Lipid stain | | | | | | | |
| | | Iron stain | | | | | | | |
| | | Silver stain | | | | | | | |
| Specimen Characteristics (For Lab Use Only) | | | | | | | | | |
| Volume: | | | | | Appearance: | | | | |

Ordering Provider / Title: _____ Date: _____ Time: _____

Print Name: _____

KEY: AFB= acid-fast bacilli; B= blood; C= culture; BAL= bronchoalveolar lavage; CMV= cytomegalovirus; DOB= date of birth; Diff = differential; EBV= Epstein-Barr virus; ID= identification; mL= milliliters; PCR= polymerase chain reaction; KOH= potassium hydroxide; Qual = qualitative; V= Virus; Resp= respiratory; &= and

White Copy: Place in Medical Record

Yellow Copy- To Laboratory with specimen

Pink Copy- To Histology