

**CHILDREN'S HEALTH**
 1935 Medical District Drive • Dallas, Texas 75235
 7601 Preston Road • Plano, Texas 75024
 Dallas (214) 456-7000 Plano (469) 303-7000
Place a patient label on all sheets
 Location: _____
 Patient Name: _____
 DOB: _____
 Medical Record Number: _____
 CSN: _____
 Collection Date: _____ Time: _____
 Collector logon ID: _____

 PHYO
 CMC34420-003NS Rev. 1/2022
Bronchoalveolar Lavage Requisition

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**