

MIC Laboratory Requisition

UR Medicine - Central Laboratory - 211 Bailey Road, West Henrietta, NY 14586 Clinical Microbiology

 Email signed form to: MICLab@u OR Fax signed form to: (585) 292 	
*Request Date:	*ID Physician Name:
*Page / Phone:	ID Physician SIGNATURE:
*Patient Name:	
*MR # or DOB:	
*Source:	
Test Requested: Susceptibility Testi *Antibiotic(s) to be Tested:	ing (method may vary due to organism / drug testing requested)
Other Information / Special Reques	st:
Antibiotic Therapy:	
Presumptive Diagnosis:	

1. Complete Required Fields (*)

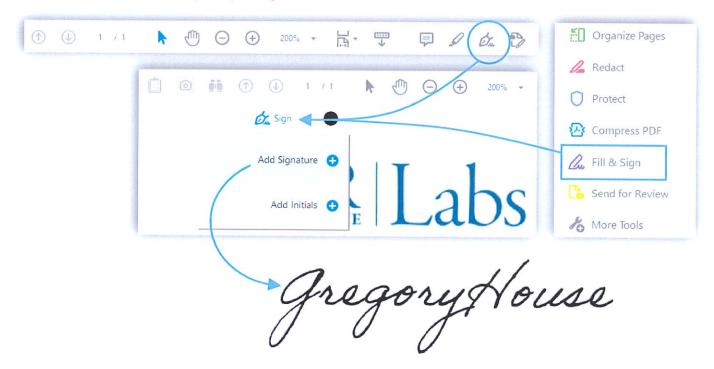
Sending MIC requisitions to the UR Medicine Labs MIC Lab email account

Instructions for ID personnel

1. Download the 'MIC Test Requisition' from the UR Medicine Labs test directory.

https://www.testmenu.com/rochester

- 2. Save the .pdf file to your desktop and use Adobe Acrobat Reader to complete and sign the form.
 - Tip: Do not fill in the form using your internet browser.
 - You should create a signature to sign the form:
 - Click either the 'Sign' icon or 'Fill & Sign' and then 'Add Signature'.
 - Either type, draw, or upload an image of your signature. If you always use the same computer your signature will be retained.



- 3. Save the completed file and attach it to an email.
 - Tip: Use 'File > Save As' to retain an unmarked copy of the requisition form.
 - It is important to save the signed file so that the form cannot be altered further and to ensure that information is not lost.
- 4. Verify that the attachment is correctly filled out.
- 5. Send your requisition to:

MICLab@urmc.rochester.edu

6. A confirmatory email will be sent (as and when the MIC Laboratory technologists periodically monitor the email account).