



MIC Laboratory Requisition

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

- 1. Complete Required Fields (*)
- 2. Email signed form to: MICLab@urmc.rochester.edu
OR Fax signed form to: (585) 292-6811

*Request Date: _____ *ID Physician Name: _____

*Page / Phone: _____ ID Physician SIGNATURE: _____

*Patient Name: _____

*MR # or DOB: _____

*Culture # or Collection Date: _____

*Source: _____

*Organism: _____

Test Requested: Susceptibility Testing (*method may vary due to organism / drug testing requested*)

*Antibiotic(s) to be Tested:

Other Information / Special Request:

Antibiotic Therapy: _____

Presumptive Diagnosis: _____

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).