

# MICROBIOLOGY CULTURE REQUISITION

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

M F \_\_\_\_\_

Ordering Doctor (print) \_\_\_\_\_

Diagnosis \_\_\_\_\_

Doctor Signature \_\_\_\_\_

**REQUIRED INFORMATION:**

Body source \_\_\_\_\_

Specimen Source \_\_\_\_\_

Collected By \_\_\_\_\_

Date and Time of Collection \_\_\_\_\_

Recent antibiotics: \_\_\_\_\_

Priority:  ASAP  Critical Stat  Routine  Timed**Aerobic Cultures:** Wound culture (Swab) Tissue Culture (Solid tissue in sterile container, not in swab sheath) Bone Culture (Solid Bone in sterile container, not in swab sheath) Fluid Culture (Fluid in syringe or sterile container, not in swab sheath) Gram Stain Fungal Culture  Hair, Skin, Nail  Not Hair, Skin, Nail Blood Culture  x2 CSF Culture Ear Culture Eye Culture Genital Culture Group B Streptococcus, PCR (Female, Vaginal) Respiratory or Sputum Culture Strep Screen (Grp A Rapid Antigen with culture of negatives) Throat Culture Urine Culture  Midstream  Catheterized  Other: \_\_\_\_\_ Stool Culture (Salmonella, Shigella, Camplobacter, E. coli 0157) Check for Vibrio also Check for Yersinia also Patient pregnant (Check for Listeria also) Other, List:**OTHER INSTRUCTIONS:****Anaerobic Culture:** Anaerobic Culture (Wounds in anaerobic culturette, all other in sterile container not swab sheath)**Pathology:** **Pathology Also** – Please print and fill out the separate Teton Pathology requisition and submit also.FOR SPECIMEN REQUIREMENTS REFER TO: <https://www.testmenu.com/sjmclab>

Current: 06/2017