

## Microbiology Requisition

Patient Identification Label	
Name	_____
MRN	_____
DOB	_____
Date of service	_____

<b>Bill to:</b> <input type="checkbox"/> Providers office <input type="checkbox"/> Patient/Insurance (required information: please attach a copy of the insurance card front and back)					
Patient full legal name (Last, First, Middle)				Requesting provider	
Sex	Date of birth	Collection date	Collection time	Collector initials	
Diagnosis/ICD-10 codes				Requesting provider's signature and date	
Street address				Patient phone	Alternate phone
City		ST	Postal code	Guarantor	Guarantor DOB    Guarantor relationship

**STAT** (if STAT is not marked, testing will be performed as Routine.)  
 Phone results to # \_\_\_\_\_     FAX results to # \_\_\_\_\_

**PANELS (Tests in panel can be ordered individually)**

LAB5280 <input type="checkbox"/> <b>BD Affirm Vaginosis Panel</b>
LAB5187 <input type="checkbox"/> <b>Respiratory Viral Panel PCR</b>
LAB2005 <input type="checkbox"/> <b>GI PCR Panel Plus</b>
LAB8615 <input type="checkbox"/> <b>Stool Culture Panel</b> (includes Shiga toxin testing)
<b>Specimen type</b> (e.g., swab, tissue, skin)
<b>Source</b> (e.g., right knee, finger, eye)

		ADDITIONAL TESTS
LAB3274 <input type="checkbox"/> Aerobic Culture	LAB4589 <input type="checkbox"/> KOH, Skin/Hair/Nails	
LAB3278 <input type="checkbox"/> Anaerobic Culture	LAB3448 <input type="checkbox"/> MRSA Screening Culture	
LAB3886 <input type="checkbox"/> Actinomyces Culture	LAB3353 <input type="checkbox"/> Neisseria Gonorrhoeae Culture	
LAB3452 <input type="checkbox"/> AFB Culture	LAB4468 <input type="checkbox"/> Occult Blood (Diagnostic, 1 card submission)	
LAB8912 <input type="checkbox"/> B.pertussis PCR (Amplivue)		
LAB269 <input type="checkbox"/> Body Fluid Culture	LAB4470 <input type="checkbox"/> Occult Blood Screen (3 card submission)	
LAB3352 <input type="checkbox"/> Body Fluid Culture, Anaerobic		
O277775 <input type="checkbox"/> Blood Cultures – Two sets	LAB955 <input type="checkbox"/> Ova Parasites	
LAB8930 <input type="checkbox"/> C.difficile Toxin PCR	LAB3275 <input type="checkbox"/> Parasite Exam, Arthropod	
LAB268 <input type="checkbox"/> CSF Culture	LAB3273 <input type="checkbox"/> Parasite Exam, Worm	
LAB3354 <input type="checkbox"/> CSF Culture, Anaerobic	LAB248 <input type="checkbox"/> Pinworm	
LAB4488 <input type="checkbox"/> Cutibacterium Acnes Culture	LAB3277 <input type="checkbox"/> Respiratory Culture	
LAB240 <input type="checkbox"/> Fungus Culture	LAB443 <input type="checkbox"/> Rotavirus Antigen, Stool	
LAB3365 <input type="checkbox"/> Fungus Culture, Skin/Hair/Nails	LAB4370 <input type="checkbox"/> Stool White Blood Cell	
LAB8626 <input type="checkbox"/> Giardia-Crypto Antigen	LAB228 <input type="checkbox"/> Strep Screening Culture, Throat	
LAB5427 <input type="checkbox"/> Group A Strep Screen (Non-respiratory)	LAB239 <input type="checkbox"/> Urine Culture	
LAB5196 <input type="checkbox"/> Group B Strep PCR	LAB3449 <input type="checkbox"/> Vancomycin-resistant Enterocci (VRE) Screening Culture	
LAB251 <input type="checkbox"/> KOH Prep	LAB3450 <input type="checkbox"/> Yeast Screening Culture	