



**Northern Laboratory Services  
Microbiology Requisition**

Patient Identification Label

Name \_\_\_\_\_

MRN \_\_\_\_\_

DOB \_\_\_\_\_

Date of service \_\_\_\_\_

**Bill to:** ☐ Provider office ☐ Patient/Insurance (Required information: Please attach a copy of the insurance card front and back)

**Patient name (Last, First, Middle) Full legal name**

**Requesting provider**

**Sex Date of birth Collection date Collector initials Collection time**

**Diagnosis/ICD 10 Codes**

**Requesting provider's signature & date**

**Street address**

X

Date

**Patient phone #**

**Alternate phone #**

**City**

**State**

**Zip Code**

**Guarantor**

**Guarantor DOB**

**Guarantor relationship**

☐ STAT (if STAT is not marked, testing will be performed as Routine.)

☐ Phone results to: (phone number) \_\_\_\_\_ ☐ FAX results to: (FAX number) \_\_\_\_\_

**Panels (Tests in a panel can be ordered individually.)**

**LAB5280** ☐ BD Affirm Vaginosis Panel

**LAB5187** ☐ Respiratory Viral Panel PCR

**LAB8905** ☐ GI PCR Panel Plus

**LAB8615** ☐ Stool Culture Panel (includes Shiga toxin testing)

**Specimen type** (swab, tissue, skin, etc.)

**Source** (right knee, finger, eye, etc.)

**LAB3274** ☐ Aerobic Culture

**LAB3278** ☐ Anaerobic Culture

**LAB3886** ☐ Actinomyces Culture

**LAB3452** ☐ AFB Culture

**LAB8912** ☐ B.Pertussis PCR (Amplivue)

**LAB269** ☐ Body Fluid Culture

**LAB3352** ☐ Body Fluid Culture, Anaerobic

**LAB8619** ☐ Blood Cultures – One Set

**O277775** ☐ Blood Cultures – Two Set

**LAB8930** ☐ C.Difficile Toxin PCR

**LAB268** ☐ CSF Culture

**LAB3354** ☐ CSF Culture, Anaerobic

**LAB240** ☐ Fungus Culture

**LAB3365** ☐ Fungus Culture, Skin/Hair/Nails

**LAB8626** ☐ Giardia-Crypto Antigen

**LAB5427** ☐ Group A Strep Screen  
(Non-Respiratory)

**LAB5196** ☐ Group B Strep PCR

**LAB8911** ☐ Herpes (HSV) PCR  
(Amplivue from a lesion)

**LAB3252** ☐ Influenza A/B, RSV, COVID 19 PCR

**LAB251** ☐ KOH Prep

**LAB4589** ☐ KOH, Skin/Hair/Nails

**LAB3448** ☐ MRSA Screening Culture

**LAB3353** ☐ Neisseria Gonorrhoeae Culture

**LAB4468** ☐ Occult Blood  
(Diagnostic, 1 card submission)

**LAB4470** ☐ Occult Blood Screen  
(3 card submission)

**LAB955** ☐ Ova Parasites

**LAB3275** ☐ Parasite Exam, Arthropod

**LAB3273** ☐ Parasite Exam, Worm

**LAB248** ☐ Pinworm

**LAB4488** ☐ Propionibacterium Acnes Culture

**LAB4367** ☐ Quantitative Respiratory Culture

**LAB885** ☐ Rapid Strep

**LAB443** ☐ Rotavirus Antigen, Stool

**LAB3347** ☐ RSV Qualitative by PCR

**LAB4370** ☐ Stool White Blood Cell

**LAB228** ☐ Strep Screening Culture (Throat)

**LAB239** ☐ Urine Culture

**LAB3449** ☐ Vancomycin-resistant Enterocci  
(VRE) Screening Culture

**Additional tests**