

Patient's
 Full Name _____
 MRN # _____
 Location _____
 Location Phone # _____
 Location Tube Station # _____
 Ordering Provider Name & # _____

Place Sticker

- SERUM WHOLE BLOOD PLASMA
 URINE ORAL NASAL WASH
 CSF GENITAL
 OTHER SOURCE: **Bronchoalveolar Lavage**

Collection Date: _____ Collection time: _____

Collected by: _____

STAT

For Outpatients, enter ICD10 Code(s) here if appropriate for all requested tests:

Physicians should only order tests medically necessary for the treatment or diagnosis of the patient. For outpatient services only, enter the appropriate ICD10 Codes which demonstrate the medical necessity of each test ordered (REQUIRED).

Some test results may generate additional testing. Visit "Compliance" at <https://www.uchealth.org/professionals/Pages/Clinical-Laboratory.aspx> to see our Reflex Testing Protocols.

MOLECULAR DIAGNOSIS

ICD10

LAB5187 Respiratory Viral Panel PCR
Includes Adenovirus; Coronavirus 229E, HKU1, NL63, and OC43; Influenza A, A H3, A 2009 H1, A H1, and B; Human Metapneumovirus; Parainfluenza 1,2,3, and 4; Respiratory Syncytial Virus; Rhinovirus/Enterovirus; Bordetella pertussis; Chlamydomphila pneumoniae; and Mycoplasma pneumoniae.

LAB3244 CMV BY PCR

MICROBIOLOGY

ICD10

LAB3696 Respiratory Culture, Cystic Fibrosis or Lung Transplant
Includes Gram Stain, Anaerobic culture and Sensitivity Testing when appropriate.

LAB3452 AFB Culture
Includes concentrated smear on appropriate specimens.

LAB240 Fungus Culture

SPECIAL INSTRUCTIONS, type of infection, suspected organism:

Lung Transplant Patient.