

University of Colorado Hospital
 Clinical Laboratory
 Virology & Molecular Diagnostics Request

STAT

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

Collected by	Date	Time	Phone	Location	Tube Station #
Ordering physician	Phone/pager		Sample source must be identified on this requisition for proper result value.		
ICD-10 Code(s)			<input type="checkbox"/> Serum	<input type="checkbox"/> Whole Blood (EDTA)	<input type="checkbox"/> EDTA Plasma
			<input type="checkbox"/> BAL	<input type="checkbox"/> Tracheal aspirate	<input type="checkbox"/> Sputum, _____
			<input type="checkbox"/> CSF	<input type="checkbox"/> Other: _____	

MOLECULAR DIAGNOSTICS BLOOD (PINK-K2EDTA TUBE)	
LAB3238	<input type="checkbox"/> Adenovirus PCR Plasma (Quant)
LAB3240	<input type="checkbox"/> BK Virus Quant PCR Plasma
LAB3243	<input type="checkbox"/> CMV Quant PCR (Whole Blood or Plasma) <input type="checkbox"/> Whole blood <input type="checkbox"/> Plasma
LAB3247	<input type="checkbox"/> EBV Quant PCR (Whole Blood or Plasma) <input type="checkbox"/> Whole blood <input type="checkbox"/> Plasma
LAB4282	<input type="checkbox"/> Hepatitis B Quant PCR
LAB887	<input type="checkbox"/> Hepatitis C Quant PCR
LAB3233	<input type="checkbox"/> Herpes Simplex Virus PCR Whole Blood (Qual)
LAB3236	<input type="checkbox"/> HHV-6 PCR Plasma (Quant)
LAB878	<input type="checkbox"/> HIV Quant PCR**
LAB3235	<input type="checkbox"/> Varicella-Zoster Virus PCR Whole Blood (Qual)
LAB3236	<input type="checkbox"/> HHV-6 PCR Plasma (Quant)
LAB878	<input type="checkbox"/> HIV Quant PCR**
LAB3235	<input type="checkbox"/> Varicella-Zoster Virus PCR Whole Blood (Qual)
HOLOGIC Aptima®	
<input type="checkbox"/> Urine or Swab of: <input type="checkbox"/> Genital <input type="checkbox"/> Throat <input type="checkbox"/> Rectal <input type="checkbox"/> Eye	
LAB4739	<input type="checkbox"/> Chlamydia/GC Genprobe** (<i>C. trachomatis</i> AND <i>N. gonorrhoeae</i> testing)
LAB8918	<input type="checkbox"/> Trichomonas Genprobe** (<i>Trichomonas</i> only testing. Urine or genital sources only.)
LAB8915	<input type="checkbox"/> Chlamydia/GC/Trich Genprobe** (<i>C. trachomatis</i> , <i>N. gonorrhoeae</i> , and <i>trichomonas</i> testing. Urine or genital sources only.)
Respiratory	
LAB1922	<input type="checkbox"/> SARS COV2 NAAT (<u>Screening</u> , COVID only)
LAB1923	<input type="checkbox"/> SARS COV2 NAAT GX (<u>Rapid</u> , COVID only)
LAB2022	<input type="checkbox"/> FLUVID NAAT (Rapid, COVID, Flu A/B, and RSV testing) <input type="checkbox"/> Nasal Swab <input type="checkbox"/> Nasopharyngeal Swab
LAB1988	<input type="checkbox"/> Respiratory Pathogen PCR Panel (Rapid) <input type="checkbox"/> Nasopharyngeal Swab
LAB1989	<input type="checkbox"/> Respiratory Pathogen PCR Panel (Alternative Source) <input type="checkbox"/> BAL <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Other: _____
Stool	
LAB2877	<input type="checkbox"/> <i>C. difficile</i> Toxin PCR
LAB3331	<input type="checkbox"/> Norovirus PCR
LAB2005	<input type="checkbox"/> GI PCR Panel (Includes <i>C. diff</i> and Noro) Test not performed on patients admitted >3 days.

MOLECULAR DIAGNOSTICS Miscellaneous (non-blood)	
LAB3239	<input type="checkbox"/> Adenovirus PCR (Quant)
LAB8656	<input type="checkbox"/> AFB Culture & MTB/RIF PCR Panel (Qual)
LAB3311	<input type="checkbox"/> BK Virus Quant PCR Urine
LAB3244	<input type="checkbox"/> CMV PCR (Quant & Qual)
LAB4248	<input type="checkbox"/> Cryptococcal Ag CSF
LAB927	<input type="checkbox"/> Cryptococcal Ag Serum (No Gel)
LAB3248	<input type="checkbox"/> EBV Quant PCR
LAB3246	<input type="checkbox"/> Enterovirus PCR (Qual)
LAB3249	<input type="checkbox"/> Herpes Simplex Virus PCR (Qual)
LAB482	<input type="checkbox"/> Heterophile Ab (Monospot)
LAB4583	<input type="checkbox"/> HHV-6 PCR (Qual & Quant)
LAB2830	<input type="checkbox"/> Multiplex Vaginal PCR Panel (MVP PCR) <i>Xpert Swab Specimen Collection Kit</i>
LAB8534	<input type="checkbox"/> <i>Pneumocystis jirovecii</i> (PCP) PCR
LAB3349	<input type="checkbox"/> Varicella-Zoster Virus PCR (Qual)
ESwabs®	
LAB8664	<input type="checkbox"/> Group A Strep PCR (throat)
LAB5196	<input type="checkbox"/> Group B Strep PCR (rectal/vaginal)
LAB4534	<input type="checkbox"/> MRSA Surveillance PCR (nasal only)
GENOTYPING	
LAB3499	<input type="checkbox"/> Hepatitis C Virus Genotype by Sequencing
SEROLOGY	
LAB467	<input type="checkbox"/> Cytomegalovirus Antibody, IgM
LAB957	<input type="checkbox"/> Cytomegalovirus Antibody, IgM
LAB3229	<input type="checkbox"/> Epstein-Barr Virus (EBV) Acute Group <i>Includes EBV Viral Capsid Antigen (VCA) IgG and EBV VCA IgM.</i>
LAB3616	<input type="checkbox"/> Epstein-Barr Virus (EBV) Follow-up Group <i>Includes EBV VCA IgG, EBV VCA IgM, Epstein-Barr Nuclear Antigen (EBNA).</i> Do not order EBC Acute & Follow-up Groups on same sample.
LAB3226	<input type="checkbox"/> Herpes Simplex Virus, HSV Type 1 & HSV Type 2, IgG Antibody
LAB162	<input type="checkbox"/> Varicella-Zoster Virus (VZV) IgG Antibody* *STAT orders require prior approval. Call Lab at 720.848.4401
LAB657	<input type="checkbox"/> Measles (Rubeola) IgG
LAB160	<input type="checkbox"/> Mumps IgG
OTHER (specify)	
<input type="checkbox"/>	
<input type="checkbox"/>	

Physicians should only order tests medically necessary for the treatment or diagnosis of the patient. For outpatient services, enter the appropriate ICD-10 codes which demonstrate the medical necessity of each test ordered (REQUIRED).
 Some test results may generate additional testing. Visit uhealth.org/professionals/uch-clinical-laboratory/ to see our Reflex Testing Protocols.

** Unless this testing meets an exception under Colorado law, by authorizing this order you understand that Colorado law requires you to inform the patient that
 (1) you have ordered testing for sexually transmitted infections,
 (2) the results may be reported to Colorado's health department, and
 (3) the patient can opt out of the testing.

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

STAT

Specimen Collection Instructions

Test/ Method	Source	Specimen/ Container	Collection	Storage/Transport
Group A Strep PCR	Throat	ESwab®	Swab throat. Avoid touching tongue, cheeks, and teeth.	Deliver ASAP to the Clinical Laboratory, Leprino Room 253.
Group B Strep PCR	Vaginal/ Rectal	ESwab®	Swab BOTH areas with a single swab.	
MRSA PCR	Nasal	ESwab®	Swab both nares with a single swab.	
MVP PCR	Vaginal	Xpert® Swab Specimen Collection Kit		
CTNGAMP; CTNGTrich; TRICH	Genital, throat, rectal, or eye or Urine	HOLOGIC Aptima® Swab or HOLOGIC Aptima® Urine Kit or Clear Top urine		
GI PCR Panel Plus	Stool	Cary-Blair Kit		
Other PCR	Body fluid, stool, or tissue	Sterile (no additive) container		
	Swab	Flocked swab placed in viral transport media (M6/VTM/UTM/ sterile PBS)		