



University of Colorado Hospital

Clinical Laboratory Microbiology Request

STAT

Patient Identification Label
Name
MRN
DOB
Date of service

Location
Phone
Tube Station #
Ordering Provider
Provider Phone
SERUM
URINE
CSF
OTHER
WHOLE BLOOD
BAL
GENITAL
PLASMA
NASAL WASH
ORAL
Collection Date
Collection Time
Collected by

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).

Special Instructions, type of infection, suspected organism:

Bacterial Culture (includes anaerobic culture and sensitivity testing where appropriate) ICD10 Code
LAB8619 BLOOD CULTURE
LAB3274 ABSCESS/CLOSED WOUND
LAB269 BODY FLUID
LAB3274 BONE MARROW
LAB268 CSF
LAB3274 CATHETER
LAB3274 DRAINAGE/OPEN WOUND
LAB3274 EAR
LAB3274 EYE
LAB3274 GENITAL
LAB3277 RESPIRATORY
LAB3274 SKIN
LAB8905 STOOL
LAB3274 TISSUE/BIOPSY
LAB239 URINE
OTHER

OTHER CULTURES/EXAMINATIONS Source/Site (if not indicated above) ICD10 Code
LAB3452 AFB Culture
LAB240 Fungus Culture
LAB3365 Fungus Culture for Hair, Skin, Nails
LAB8664 Group A Strep PCR
LAB5196 Group B Strep PCR
LAB3353 GC Culture**
LAB3276 Infection Control Screen
LAB3448 MRSA Screen
LAB3449 VRE Screen
LAB3450 Yeast Screen
LAB250 Gram Stain
LAB5232 Bacterial Vaginosis Gram Stain
LAB955 Ova & Parasite Exam
LAB1319 Giardia/Cryptosporidium Antigen
LAB927 Cryptococcal Antigen
LAB3351 Pneumocystis (PCP) Direct FA

**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 testing. 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.



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ICD10 Code

LAB3267 Blood Parasites _____

Send sample to lab within one hour of collection.

Includes:

- Rapid malarial antigen on initial specimen
- Blood parasite slide exam
- Parasitemia calculation for *Plasmodium falciparum* and Babesia species only

Please fill out complete details below. Failure to provide necessary information may delay testing.

Patient's Travel History _____

Primary Admitting Diagnosis _____

History of blood parasites? _____

If yes, what species? _____

Is this the initial specimen? _____

Is this a follow-up sample for parasitemia? _____