

ucheaith	Name			
	MRN			
University of Colorado Hospital				
Clinical Laboratory Microbiology Request ☐ STAT				
Location	□ SERUM	☐ WHOLE BLOOD	□ PLASMA	
Phone			□ NASAL WASH □ ORAL	
Tube Station #	OTHER			
Ordering Provider	Collection Date	te(Collection Time	
Provider Phone	Collected by_			
Physicians should only order tests medically necessary for the treatment or diagnosis 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 appr	conrinto)		ICD10 Coo	<u>-</u>
Dacterial Culture (includes anaerobic culture and sensitivity testing where appro	opnate)		ICD TO COO	16

Patient Identification Label

LAB8619		Specify site:		
	Includes quantitative culture (pour plates) if	paired green top tubes from peripheral and	line specimens are received	with blood culture sets.
LAB3274	☐ ABSCESS/CLOSED WOUND	Specify site		
LAB269	☐ BODY FLUID	☐ Joint/Synovial ☐ Peritoneal	I □ Pleural	
		☐ Other (specify site)		
LAB3274	☐ BONE MARROW			
LAB268	□ CSF	☐ CSF Shunt		
LAB3274	☐ CATHETER	Specify type		
LAB3274	☐ DRAINAGE/OPEN WOUND	Specify site		
LAB3274	□ EAR	Specify: Drainage	☐ Tympanocentesis	
LAB3274	□ EYE	Specify: Conjunctiva	□ Cornea	
LAB3274	☐ GENITAL	Specify: Amniotic fluid	□ Endometrial	☐ Placenta
		☐ Prostate	☐ Uterine	□ Vaginal
LAB3277	☐ RESPIRATORY	Specify: Expectorated sputum	□ Induced sputum	
		☐ Tracheal aspirate	☐ Bronchial (specify)	
LAB3274	☐ SKIN	Specify site		
LAB8905	□ STOOL	GI PCR PANEL PLUS is performed (included)	des bacterial, parasitic and vi	iral enteric pathogens).
LAB3274	☐ TISSUE/BIOPSY	Specify site		
LAB239	☐ URINE	Specify: ☐ Clean catch ☐ Sing	le/straight cath ☐ Indv	welling cath
		□ Nephrostomy □ Other	er	
	□ OTHER			
OTHER C	ULTURES/EXAMINATIONS Source	e/Site (if not indicated above)		

		ICD10 Code			ICD10 Code
LAB3452	☐ AFB Culture (includes concentrated smear on appropriate specimens)			☐ Other Microscopic Exam:	
LAB240	☐ Fungus Culture				
LAB3365	☐ Fungus Culture for Hair, Skin, Nails		LAB955	☐ Ova & Parasite Exam	
LAB8664	☐ Group A Strep PCR			One or more of the following must apply: Travel or residence in an endemic area	
LAB5196	☐ Group B Strep PCR			(specify where)	
LAB3353	☐ GC Culture**			☐ Immunocompromised host	
LAB3276	☐ Infection Control Screen			□ Eosinophilia	
LAB3448	☐ MRSA Screen			☐ Persistent diarrhea with previously nega ☐ Outbreak or Day Care exposure	ative antigens
LAB3449	☐ VRE Screen		LAB1319	☐ Giardia/Cryptosporidium Antigen	
LAB3450	☐ Yeast Screen (vaginal, oropharyngeal)		LAB927	☐ Cryptococcal Antigen	
LAB250	☐ Gram Stain		LAB3351	☐ Pneumocystis (PCP) Direct FA	
LAB5232	☐ Bacterial Vaginosis Gram Stain			a order Blood Parasitos, see reverse of this	form

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.

^{**}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.



University of Colorado Hospital Clinical Laboratory Microbiology Request □ STAT

	Patient Identification Label
Name	
MRN	
DOB	
Date of service	

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 intial specimen?
Is this a follow-up sample for parasitemia?