

Org ID: 000 _____

*Organization Name: _____

*Organization Address: _____

*City: _____ *St: _____ *Zip _____

*Phone: _____ *Fax: _____

Ordering Provider: _____
Please print. Use full provider name, no nicknames or initials

*ALL information required for valid order.

Provider signature _____

Additional report to: Provider _____ Fax _____

Order Comment _____



INFECTIOUS DISEASE REQUISITION

*DATE ORDERED	DATE COLLECTED	TIME COLLECTED	INITIALS COLLECTED
*PATIENT INFORMATION			
NAME LAST		FIRST	MIDDLE INT.
ADDRESS			PHONE
CITY		STATE	ZIP
SEX	MARITAL STATUS	BIRTH DATE	CELL PHONE
Label specimen with 2 patient identifiers (full name and date of birth). Failure to do so may result in cancellation and recollection.			
*DIAGNOSIS/ICD CODES			
1st _____			
2nd _____			
Other _____			
INSURANCE INFORMATION			
Providers submitting SPECIMEN orders please attach copy(s) of Insurance cards (front and back). Please indicate Primary and Secondary.			

MICROBIOLOGY		IMMUNOCHEMISTRY			
BLOOD <input type="checkbox"/> 8849 Acid Fast (AFB) x <input type="checkbox"/> 8894 Bacterial x <input type="checkbox"/> 8850 Fungal x <input type="checkbox"/> 4234 Viral, CMV (Cytomegalovirus) URINE Source: <input type="checkbox"/> Catheter <input type="checkbox"/> CCMS <input type="checkbox"/> Void <input type="checkbox"/> Urine culture kit (gray top tube) <input type="checkbox"/> 8866 AFB culture w/ stain <input type="checkbox"/> 8888 Urine Culture with susceptibility, if indicated <input type="checkbox"/> 8898 Yeast/Fungus Culture STOOL/FECES Stool collection kit (fill all 3 tubes) <input type="checkbox"/> 7122 Enteric Pathogens by PCR <input type="checkbox"/> 4023 C. difficile Toxin by PCR (liquid stool only) <input type="checkbox"/> 8855 Ova & Parasite Screen (Giardia & Cryptosporidium) <input type="checkbox"/> 8882 Ova & Parasite Complete (foreign travel or immunocompromised) <input type="checkbox"/> 8895 Fecal WBC x <input type="checkbox"/> 4315 Occult Blood, Immunoassay Screening <input type="checkbox"/> 4316 Occult Blood, Immunoassay Diagnostic <input type="checkbox"/> 2019 Cyclospora stain (sendout to reference lab) <input type="checkbox"/> 7055 Microsporidia PCR (sendout to reference lab) <input type="checkbox"/> 8902 Virus culture (Enterovirus and Adenovirus) Clear Tape or Paddle Prep <input type="checkbox"/> 4200 Pinworm Preparation THROAT/RESPIRATORY <input type="checkbox"/> Body Site _____ Nasopharyngeal (NP) Swab <input type="checkbox"/> 4626 Influenza A/B, rapid screen <input type="checkbox"/> 155 Influenza A/B, rapid w/reflex to Flu PCR if neg <input type="checkbox"/> 8206 Respiratory Pathogen Panel by FilmArray <input type="checkbox"/> 8203 Bordetella pertussis PCR <input type="checkbox"/> 8793 RSV, rapid EIA <input type="checkbox"/> 8204 Chlamydia pneumoniae PCR Bronchoalveolar Lavage (BAL) <input type="checkbox"/> 8206 Respiratory Pathogen Panel by FilmArray <input type="checkbox"/> 8876 Pneumocystis DFA <input type="checkbox"/> 172 Quantitative Respiratory Culture Throat swab <input type="checkbox"/> 8504 Group A Strep, rapid screen <input type="checkbox"/> 2793 Group A Strep, rapid w/culture if neg <input type="checkbox"/> 8887 Throat culture, only for Beta-hem Group A Strep Various (List body site above) <input type="checkbox"/> 8866 AFB Culture w/stain <input type="checkbox"/> 173 Fungal Culture w/stain <input type="checkbox"/> 159 Respiratory Bacterial Culture (non-sputum) w/Gram stain <input type="checkbox"/> 242 Respiratory Bacterial Culture (Cystic Fibrosis) w/Gram stain <input type="checkbox"/> 160 Sputum Culture w/Gram stain <input type="checkbox"/> 4234 CMV Culture <input type="checkbox"/> 8889 Herpes Virus Culture <input type="checkbox"/> 8902 Virus Culture <input type="checkbox"/> 8460 Legionella culture <input type="checkbox"/> 185 Legionella DFA <input type="checkbox"/> 8205 Mycoplasma pneumoniae PCR		GENITAL <input type="checkbox"/> Body Site _____ eSwab collection <input type="checkbox"/> 7103 Gram stain for Bacterial Vaginosis/Yeast <input type="checkbox"/> 4003 Group B Strep PCR <input type="checkbox"/> 7036 Group B Strep PCR (penicillin allergy) <input type="checkbox"/> 7018 Group A Strep Culture <input type="checkbox"/> 8898 Fungal Culture (yeast) w/stain <input type="checkbox"/> 7126 Trichomonas Antigen STD Collection Kit <input type="checkbox"/> 8893 Gonorrhoeae Culture (inray media) UTM Viral Transport Media Tube <input type="checkbox"/> 163 Chlamydia Culture <input type="checkbox"/> 7025 Herpes Simplex PCR for Lesions <input type="checkbox"/> 8878 Mycoplasma/Ureaplasma Culture WOUND/FLUID/TISSUE Source _____ Abscess? <input type="checkbox"/> Yes <input type="checkbox"/> No Provider: Specify if abscess Registration: Indicate in Source Note: Susceptibilities done if warranted eSwab collection <input type="checkbox"/> 167 Wound Culture (aerobic) w/Gram stain <input type="checkbox"/> 197 VRE screen <input type="checkbox"/> 2022 Staph aureus screen (surgery prescreen) <input type="checkbox"/> 4287 MRSA screen (surveillance only) <input type="checkbox"/> 166 Body Fluid culture, aerobic (volumes of 2 mL or less) eSwab, tissue, or fluid <input type="checkbox"/> 8885 Anaerobic Culture Sterile collection container <input type="checkbox"/> 4196 CSF Culture w/Gram stain <input type="checkbox"/> 4318 Enterovirus CSF PCR <input type="checkbox"/> 8513 Cryptococcus Antigen CSF <input type="checkbox"/> 166 Body Fluid Culture, aerobic (volumes of 5 mL or more, if less than 5 mL indicate priority of testing) <input type="checkbox"/> 8883 Catheter Tip Culture <input type="checkbox"/> 8886 Tissue Culture, aerobic w/Gram stain <input type="checkbox"/> 4284 Sterility Culture, devices <input type="checkbox"/> 8230 Fungal Culture (hair, skin, or nails) <input type="checkbox"/> 8898 Fungal Culture (not hair, skin, or nails) <input type="checkbox"/> 8795 Macroscopic exam, Arthropod (insect) <input type="checkbox"/> 8796 Macroscopic exam, Parasite (worm) <input type="checkbox"/> 4300 Microscopic exam (i.e. scabies), provider specify suspect organism UTM Viral Transport Media Tube <input type="checkbox"/> 4234 CMV Culture (Cytomegalovirus) <input type="checkbox"/> 7025 Herpes Simplex PCR for Lesions <input type="checkbox"/> 8902 Virus Culture		URINE First void "dirty urine" Abbot multi-collect kit or Sterile Urine Cup <input type="checkbox"/> 8446 Chlamydia Gonococcus, PCR <input type="checkbox"/> 1096 Chlamydia PCR <input type="checkbox"/> 1097 Gonococcus PCR Sterile Urine Cup - Random collection <input type="checkbox"/> 8545 Legionella Antigen GENITAL Abbott multi-collect swab kit <input type="checkbox"/> 8227 Chlamydia Gonococcus PCR <input type="checkbox"/> 8229 Chlamydia PCR <input type="checkbox"/> 7591 Gonococcus PCR MOLECULAR DIAGNOSTICS BLOOD <input type="checkbox"/> 7019 Adenovirus (EDTA) <input type="checkbox"/> 9028 Cytomegalovirus (CMV) Quantitative PCR (EDTA) <input type="checkbox"/> 704 Epstein-Barr Virus (EBV) DNA Quantitative PCR (EDTA) <input type="checkbox"/> 230 Hep B Virus DNA Quantitation by PCR (EDTA or SST Gel) <input type="checkbox"/> 4185 Hep C Virus RNA Quantitation by RT-PCR (EDTA or SST Gel) <input type="checkbox"/> 4434 Hep C Genotype with Amplification (EDTA or SST Gel) <input type="checkbox"/> 4189 Herpes Simplex (HSV 1/2) PCR (EDTA) URINE APTIMA Urine Transport Or Sterile Urine Cup (first void "dirty urine") <input type="checkbox"/> 7046 APTIMA Chlamydia Gonococcus NAAT <input type="checkbox"/> 7045 APTIMA Chlamydia NAAT <input type="checkbox"/> 7044 APTIMA Gonococcus NAAT <input type="checkbox"/> 7043 Trichomonas NAAT (APTIMA) GENITAL - VAGINAL APTIMA Vaginal Swab <input type="checkbox"/> 7046 APTIMA Chlamydia Gonococcus NAAT <input type="checkbox"/> 7045 APTIMA Chlamydia NAAT <input type="checkbox"/> 7044 APTIMA Gonococcus NAAT <input type="checkbox"/> 7043 Trichomonas NAAT (APTIMA) Thin Prep Pap Vial <input type="checkbox"/> 241 Human Papilloma Virus (HPV) High Risk Screen <input type="checkbox"/> 251 Human Papilloma Virus (HPV) Type 16 and 18/45 mRNA test <input type="checkbox"/> 7046 APTIMA Chlamydia Gonococcus NAAT <input type="checkbox"/> 7045 APTIMA Chlamydia NAAT <input type="checkbox"/> 7044 APTIMA Gonococcus NAAT <input type="checkbox"/> 7043 Trichomonas NAAT (APTIMA)	
OTHER TESTING <input type="checkbox"/> Please indicate any special testing that is otherwise unspecified on this requisition _____ _____					

NOTE: FOR MEDICARE PATIENTS, PLEASE ATTACH COMPLETED ABN FORM CMS-R 131 AS NEEDED
 MEDICARE GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS, CERTAIN EXCEPTIONS MAY APPLY
 *INDICATES INFORMATION REQUIRED FROM OFFICE FOR VALID WRITTEN ORDER SPECTRUM HEALTH LABORATORY SERVICES 616.774.7721
 White - Laboratory Yellow - Physician's Office