PARKLAND HEALTH & HOSPITAL SYSTEM

Dallas, Texas

MICROBIOLOGY REQUISITION

ORD176

Desired Collect Date	*Desired Collect Time*	*Actual Collect Date*	*Actual Collect Time*

Circle testing priority

Routine **M**ed Emergency

Medical Necessity: Practitioners should only order tests that are medically necessary for the diagnosis or treatment of a patient. Documentation of medical necessity is required for each test ordered. Tests for screening purposes may be ordered but may not be reimbursed. Use Screening Lab Chart Form / Requisition (form 6197) to order screening tests on Medicare patients.

If Advance Beneficiary Notice (ABN) was required for any tests ordered,
Was ABN provided to patient? ___Yes (GA) ___No (GZ) ___SPO

INPATIENTS- Reason(s) for Test (e.g. chief complaints, signs,symptoms, etc.)
Write Reason number(s) next to Tests Requested
1. _____
2. _____
3. _____

OUTPATIENTS- Reason(s) for Test **ICD-9 Code(s)**
Write Reason number(s) next to Tests Requested
1. _____
2. _____
3. _____

Blood Culture

- Blood Culture ❑ x1 ❑ x2 ❑ x3
  Source:
- AFB Blood Culture
- Fungal Blood Culture

Respiratory Specimens

- Bordetella pertussis PCR
  Source:
- Bronch Wash Culture Quantitative
- Influenza A or B Antigen *(check source)*
  ❑ N/P Swab ❑ Nasal Wash
- Legionella Culture
  Source:
- Pneumocystis DFA
  Source:
- Respiratory Virus DFA Panel (R)
  Source: ❑ NP Swab ❑ Nasal Wash
  - Adenovirus Antigen DFA
  - Influenza A Antigen DFA
  - Influenza B Antigen DFA
  - Parainfluenza Antigen DFA
  - RSV Ag DFA
- Sputum Culture w Gram (R)
  Was sputum sample induced? ❑ Yes ❑ No
- Throat Culture

Stool Specimens

- C difficile Toxin Assay
- Cryptosporidium Smear
- Cyclospora Smear
- Microsporidia Smear
- Ova and Parasites, stool (R)
- Rotavirus Ag Stool
- Shiga Toxin Assay
- Stool Culture (R)
- Vibrio Culture
- WBC Stool Stain
- Yersinia Culture

Urine Specimens

- OB Urine Culture Screen
- Urine Culture *(check source)*
  ❑ clean catch / void
  ❑ catheterized ❑ suprapubic
- Histoplasma Antigen
  ❑ CSF ❑ Urine
- Legionella Urine Antigen

Other Cultures and Stains

- Aerobic w Gram (R)
  Source:
- Aerobic wo Gram (R)
  Source:
- AFB Culture with smear (R)
  Source:
- Anaerobic Culture (R)
  Source:
- Bone Marrow Culture
- CSF Culture & Gram Stain (R)
- Fungal culture
  Source:
- Fungal smear
  Source:
- GC Culture
  Source:
- Gram stain only
  Source:
- Herpes Culture
  Source:
- IV Catheter Tip Culture
  Source:
- KOH Prep.
  Source:
- Modified AFB Smear
  Source:
- MRSA Surveillance *(check sources)*
  ❑ nares ❑ axilla
- Nocardia Culture
  Source:
- Quantitative Fluid Culture
  Source:
- Quantitative Tissue Culture
  Source:
- Surveillance Culture
  Source:
- Viral Culture
  Source:
  Suspected virus:
- VRE Survey
  ❑ Rectal

Amplified Probe Tests

- Chlamydia AMP probe *(check source)*
  ❑ endocervical ❑ urine
  ❑ urethral, male
  ❑ conjunctival
- GC AMP probe *(check source)*
  ❑ endocervical ❑ urine
  ❑ urethral, male
- GC/Chlamydia Combo AMP probe *(check source)*
  ❑ endocervical ❑ urine
  ❑ urethral, male
- BK Virus, Quantitative
  Source:
- CMV PCR
  Source:
- EBV PCR
  Source:
- HSV PCR
  Source:
- JC Virus PCR
  Source:
- M. tuberculosis PCR (R)
  Source:
- Parvovirus B19 PCR
  Source:
- VZV PCR
  Source:

Other Test(s):

(R) = Reflex Protocol. See www.parklandlab.com for details

Provider Signature | Provider Printed Name | ID # | Date | Time

WHITE – Chart **GREEN** – Laboratory

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