## **PARKLAND HEALTH & HOSPITAL SYSTEM**

Dallas, Texas

## MICROBIOLOGY REQUISITION



ORD176			
Desired Collect Date Desired Collect Time Actual Collect	Date Actual Collect Time	Medical Necessity: Practition	ners should only order tests that are medically necessary
		for the diagnosis or treatment	of a patient. Documentation of medical necessity is required r screening purposes may be ordered but may not be
			b Chart Form / Requisition (form 6197) to order screening
Circle testing priority		tests on Medicare patients.	
Routine Med Emergency		If Advance Beneficiary Notice (ABN) was required for any tests ordered, Was ABN provided to patient?Yes (GA)No (GZ)SPO	
INPATIENTS- 1		OUTPATIENTS-	1
Reason(s) for (e.g. chief complaints,		Reason(s) for ICD-9	9 Code(s)
Test signs, symptoms, etc.)		Reason(s) for ICD-9 Code(s) Test	
Write Reason number(s) next to Tests Requested 3.		Write Reason number(s) next to Te	ests Requested 3
Blood Culture	Other Cultur	es and Stains	Amplified Probe Tests
Blood Culture  x1 x2 x3	Aerobic w Gram (R)		Chlamydia AMP probe (check source)
Source:	Source:		endocervical urine
AFB Blood Culture	Aerobic wo Gram (R)		urethral, male
Fungal Blood Culture	Source:		☐ conjunctival
Respiratory Specimens	AFB Culture with smear (R)		GC AMP probe (check source)
Bordetella pertussis PCR	Source:		endocervical urine
Source:	Anaerobic Culture (R)		urethral, male
Bronch Wash Culture Quantitative	Source:		GC/Chlamydia Combo AMP probe
Influenza A or B Antigen (check source)	Bone Marrow Culture		(check source)
N/P Swab Nasal Wash	CSF Culture & Gram Stain (R)		endocervical urine
Legionella Culture	Fungal culture		urethral, male
Source:	Source:		BK Virus, Quantitative
Pneumocystis DFA			Source:
Source:	Fungal smear Source:		CMV PCR
Respiratory Virus DFA Panel (R)			Source:
Source: NP Swab Nasal Wash	GC Culture		EBV PCR
Adenovirus Antigen DFA	Source:		Source:
Influenza A Antigen DFA	Gram stain only		HSV PCR
Influenza B Antigen DFA Parainfluenza Antigen DFA	Source:		Source:
	Herpes Culture		JC Virus PCR
RSV Ag DFA Sputum Culture w Gram (R)	Source:		Source:
Was sputum sample induced?   Yes No	IV Catheter Tip Culture		M. tuberculosis PCR (R)
Throat Culture	Source:		Source:
	KOH Prep.		Parvovirus B19 PCR
Stool Specimens	Source:		Source:
C difficile Toxin Assay	Modified AFB Smear		VZV PCR
Cryptosporidium Smear	Source:		Source:
Cyclospora Smear	MRSA Surveillance (check sources)		Other Test(s):
Microsporidia Smear	nares axilla		
Ova and Parasites, stool (R)	Nocardia Culture		
Rotavirus Ag Stool	Source:		
Shiga Toxin Assay	Quantitative Fluid Cu	ulturo	
Stool Culture (R)	Source:		
Vibrio Culture			
WBC Stool Stain	Quantitative Tissue Culture Source:		
Yersinia Culture			
Urine Specimens	Surveillance Culture		
OB Urine Culture Screen	Source:		
Urine Culture (check source)	Viral Culture		
clean catch / void	Source:		
atheterized suprapubic	Suspected virus:		
Histoplasma Antigen	VRE Survey		
CSF Urine	☐ Rectal		
Legionella Urine Antigen			
(R) = Reflex Protocol. See www.parklandlab.com for	r details		
Provider Signature   Provider Printed Name   ID # Date   Time			

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## MICROBIOLOGY REQUISITION



Actual Collect Time Desired Collect Date Desired Collect Time Actual Collect Date 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 Circle testing priority tests on Medicare patients. Routine Med Emergency If Advance Beneficiary Notice (ABN) was required for any tests ordered, Was ABN provided to patient? Yes (GA) INPATIENTS-**OUTPATIENTS-**Reason(s) for ICD-9 Code(s) Reason(s) for (e.g. chief complaints, signs, symptoms, etc.) Test Test Write Reason number(s) next to Tests Requested 3. Write Reason number(s) next to Tests Requested 3. **Other Cultures and Stains Blood Culture Amplified Probe Tests** Blood Culture ☐ x1 ☐ x3 Aerobic w Gram (R) Chlamydia AMP probe (check source) Source: Source: endocervical urine AFB Blood Culture urethral, male Aerobic wo Gram (R) Fungal Blood Culture conjunctival Source: **Respiratory Specimens** GC AMP probe (check source) AFB Culture with smear (R) Bordetella pertussis PCR endocervical urine Source: Source: urethral, male Anaerobic Culture (R) Bronch Wash Culture Quantitative GC/Chlamydia Combo AMP probe Source: Influenza A or B Antigen (check source) (check source) Bone Marrow Culture ■ N/P Swab
■ Nasal Wash ndocervical ☐ urine CSF Culture & Gram Stain (R) Legionella Culture urethral, male Fungal culture Source: BK Virus, Quantitative Pneumocystis DFA Source: Source: Source: Fungal smear CMV PCR Respiratory Virus DFA Panel (R) Source: Source: Source: NP Swab Nasal Wash GC Culture EBV PCR Adenovirus Antigen DFA Source: Source: Influenza A Antigen DFA Gram stain only HSV PCR Influenza B Antigen DFA Source: Source: Parainfluenza Antigen DFA Herpes Culture JC Virus PCR RSV Ag DFA Source: Source: Sputum Culture w Gram (R) IV Catheter Tip Culture M. tuberculosis PCR (R) Was sputum sample induced? 

Yes 

No Source: Source: Throat Culture Parvovirus B19 PCR KOH Prep. Source: Source: **Stool Specimens** VZV PCR Modified AFB Smear C difficile Toxin Assay Source: Cryptosporidium Smear Source: Other Test(s): Cyclospora Smear MRSA Surveillance (check sources) Microsporidia Smear 🔲 nares 🔲 axilla Ova and Parasites, stool (R) Nocardia Culture Rotavirus Ag Stool Source: Shiga Toxin Assay Quantitative Fluid Culture Stool Culture (R) Source: Vibrio Culture Quantitative Tissue Culture WBC Stool Stain Source: Yersinia Culture Surveillance Culture **Urine Specimens** Source: OB Urine Culture Screen Viral Culture Urine Culture (check source) Source: clean catch / void Suspected virus: ☐ catheterized ☐ suprapubic VRE Survey Histoplasma Antigen CSF Urine □ Rectal Legionella Urine Antigen (R) = Reflex Protocol. See www.parklandlab.com for details Provider Signature **Provider Printed Name** ID# Date Time

WHITE - Chart GREEN - Laboratory