

Patient Last, First Name, M.I. (Required)			Date of birth (Required)		<input type="checkbox"/> Male <input type="checkbox"/> Female		Mail results to: (Required)
Collection date	Collection time	Patient ID	Diagnosis (ICD-9) code				
Referring physician and specialty			Physician UPIN#	Physician NPI#			
Secure fax # for lab results	Physician phone #		Facility phone #			P.O. #	
COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS							
Please Bill: <input type="checkbox"/> Medicare <input type="checkbox"/> Colorado Medicaid <input type="checkbox"/> Patient (Pre-Pay) <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			Responsible Party (Last, First,):			Medicare (HIC) #	
Name on Card _____			Street Address:			Colorado Medicaid ID #	
Credit Card # _____			City	State	Zip	Social Security #	
Exp. Date _____ CVV Code _____			Telephone #			Patient bills must be prepaid or accompany specimen	

BACTERIAL CULTURES

BLDC Blood culture
 FLUID Sterile fluids
 GENTL Genital culture
 LGC Legionella culture
 MYCC Mycoplasma culture (*needs special handling*)
 RESP Respiratory culture
 STOLC Stool culture
 THRC Throat/Nasal culture
 THRS Throat screen for strep only
 TIP Catheter tip (picc line, etc.)
 URINE Urine culture
 WDEEP Deep wound culture (including anaerobes)
 WSUPR Superficial wound culture

DIRECT EXAMS

GS Gram stain **only**
 OAP Ova and parasites
 PINW Pinworm prep

FUNGAL CULTURES

FUNGL Fungal culture

RAPID ANTIGEN TESTING

RRSV Rapid RSV
 STRPA Rapid strep (culture not included)
 INFAB Rapid influenzae A/B

MICROBIOLOGY SEND OUT TESTING

ARV Adult respiratory FA
 BPPCR B. pertussis by PCR
 CDF C. difficile toxin assay
 CHC Chlamydia pneumoniae culture

MICROBIOLOGY SEND OUT TESTING (CONT)

CMVC Rapid CMV culture, urine
 CMVR Rapid CMV culture
 MT EBV by PCR
 ENPCR Enterovirus by PCR
 GIA Giardia Ag
 HSPCR Herpes simplex virus by PCR
 PCPDFA Pneumocystis direct
 RHVS Rapid herpes culture
 RPAR Respiratory viral FA
 RVZ Rapid varicella zoster culture
 VRC Viral culture
 VZPCR Varicella zoster by PCR

OTHER

CHLU Chlamydia pneumoniae by PCR
 MYPCR Mycoplasma pneumoniae by PCR

SPECIMEN SOURCE

Blood (BLUD)
 Ear/Eye (EAR/EYE)
 Fluid Site: _____
 Nasal Aspirate/Wash (NAS/NASW)
 Sinus (SIN)
 Sputum (SPUT)

Stool:

Loose (LOS)
 Formed (FSTL)
 Watery (WATS)

Throat Swab (THRT)

Urine :

Clean Catch (CC)
 Catheterized (CATH)