

**Mycobacterial Lab Requisition Form**

Patient Acct# _____	Date Rec'd _____
NJC Med. Rec.# _____	NJC ACC# _____

Patient Last Name: \_\_\_\_\_ First: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_M\_\_\_F

Physician's Name (print): \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Bill to Facility (name):** \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Report to:** Name of facility, physician, etc. **To ensure reporting, this entire section must be completed**  
**Name:** \_\_\_\_\_ Ph ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**To Bill Medicare/Colorado Medicaid:** (We only bill Colorado Medicaid. We do not bill out of state Medicaid.)  
 Patient's address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone( ) \_\_\_\_\_  
 Medicare/Medicaid#: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_ Pt. Phone: ( ) \_\_\_\_\_  
**ICD-9 Code(s)** (Must be provided). \_\_\_\_\_  
**Physician's Specialty:** \_\_\_\_\_ **Physician NPI#** \_\_\_\_\_ **UPIN#** \_\_\_\_\_ **Physician's Tax ID#** \_\_\_\_\_  
**Physician Name** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Ph:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**Specimen:** Source: \_\_\_\_\_ Culture Medium Submitted: \_\_\_\_\_  
 Collect Date: \_\_\_\_\_ Submitter Spec.# \_\_\_\_\_

**1. Culture isolation from sputum, blood or other raw specimens.**  
 1a. Conventional method + rapid Bactec isolation (AFB smear included)  
 1b. Quantitative culture  
 1c. Environmental sample by conventional method + rapid Bactec isolation

**2. Mycobacterium Identification**  
 2a. Nucleic Acid Amplification direct test with a raw specimen (for *M. tuberculosis* only). *Bloody specimens unacceptable.* Min. vol. 1.0 ml  
 2b. Species identification (including HPLC, Gen Probe, DNA sequencing, Biochemical tests)  
 2c. Differentiation between *M. avium* and *M. intracellulare* with Gen Probe technique.

**3. Susceptibility Procedures – NOTE: If you request tests in this category only, please indicate ID of organisms. If no ID is given, we will identify species with appropriate charges. The choice of susceptibility tests is dependent on the ID.**

**Submitter identification of the organism** \_\_\_\_\_  
 **Appropriate drug susceptibility recommended by National Jewish Laboratory**  
 3a. Agar proportion test (direct or indirect) with 10 drugs (for *M. tuberculosis*) \_\_\_ to include PZA for an additional charge (see 3e)  
 3b. Agar proportion test with 6 second line drugs (for *M. tuberculosis*) \_\_\_ to include PZA for an additional charge (see 3e)  
 3c. Agar proportion test with 4 first line drugs (for *M. tuberculosis*) \_\_\_ to include PZA for an additional charge (see 3e)  
 3d. Rapid (Bactec) qualitative test with 4 drugs (for *M. tuberculosis*) \_\_\_ to include PZA for an additional charge (see 3e)  
 3e. Radiometric (Bactec) PZA susceptibility test (for *M. tuberculosis*)  
 3f. Radiometric MIC determination, each drug. List the drugs: \_\_\_\_\_  
 3g. MICs of 8 drugs + combination (for *M. avium complex*)  
 3h. MICs of 12 drugs + combination (for *M. avium complex*)  
 3i. Microtiter MICs of 15 drugs selected for rapidly growing mycobacteria or actinomycetes  
 3j. Microtiter MICs of 20 drugs for rapidly growing mycobacteria and aerobic actinomycetes (for veterinarian patients only).

Comments: \_\_\_\_\_

By signing this requisition the client acknowledges to National Jewish Medical and Research Center that client is solely responsible for adopting and implementing appropriate policies and practices including safeguards, so that the location, access and use of the fax machine complies with all applicable Health Insurance Portability and Accountability Act of 1996, 45 C.F.R., Parts 160-64 (HIPAA) regulations. Client may revoke this authorization or change the fax number only by giving National Jewish Clinical Laboratories at least five (5) days prior written notice by fax number 303-270-2125.

**Submitted by:** (print name) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mycobacteriology (TB) Clinical Laboratory**

**Tel. 303.398.1339 303.398.1864 303.398.1347 Fax 303.398.1953**

**Prices effective June 4, 2008**

<b>Culture isolation from sputum, blood, or other raw specimens</b>	<b>CPT Codes</b>	<b>Price</b>
1a. Conventional method + rapid Bactec isolation (AFB smear included)	87015 + 87206 + 87116	\$71.00
1b. Quantitative culture	87552	\$71.00
<b>Mycobacterial Identification</b>	<b>CPT Codes</b>	<b>Price</b>
2a. Nucleic Acid Amplification direct test with a raw specimen ( <i>M. tuberculosis</i> only)	87556	\$185.00
2b. Species identification (including HPLC, Gen Probe, DNA sequencing, Biochemical tests)	87143	\$108.00
2c. Differentiation between <i>M. avium</i> and <i>M. intracellulare</i> by Gen Probe technique	87149	\$60.00
<b>Drug Susceptibility Tests</b>	<b>CPT Codes</b>	<b>Price</b>
3a. Conventional test by agar proportion method (direct or indirect) with 10 drugs: isoniazid, rifampin, ethambutol, ethionamide, streptomycin, amikacin, kanamycin, capreomycin, cycloserine, PAS	87190 x 10	\$111.00
3b. Conventional test by agar proportion method with 6 second line drugs: ethionamide, amikacin, kanamycin, capreomycin, cycloserine, PAS	87190 x 6	\$66.60
3c. Conventional test by agar proportion method with 4 first line drugs: isoniazid, rifampin, streptomycin, ethambutol	87190 x 4	\$44.40
3d. Rapid (Bactec) qualitative test with 4 drugs for <i>M. tuberculosis</i> only: isoniazid, streptomycin, rifampin, ethambutol	87188 x 4	\$108.00
3e. Rapid (Bactec) PZA susceptibility test for <i>M. tuberculosis</i> only	87188 x 1	\$54.00
3f. Rapid (Bactec) MIC determination with either <i>M. tuberculosis</i> or any slowly growing nontuberculous mycobacteria, each drug	87188	\$41.00
3g. Quantitative drug susceptibility test (Minimal Inhibitory Concentrations – MICs) for <i>M. avium</i> and other slowly growing Nontuberculous mycobacteria with <b>8 drugs</b> : amikacin, ciprofloxacin, clofazimine, clarithromycin, ethambutol, rifabutin, rifampin, and streptomycin. Drugs in combination: rifampin + ethambutol	87188 x 10	\$305.70
3h. Quantitative drug susceptibility test (Minimal Inhibitory Concentrations – MICs) for <i>M. avium</i> and other slowly growing Nontuberculous mycobacteria with <b>12 drugs</b> : amikacin, ciprofloxacin, clofazimine, clarithromycin, ethambutol, rifabutin, rifampin, streptomycin, cycloserine, ethionamide, kanamycin, and moxifloxacin. Drugs in combination: rifampin + ethambutol	87188 x 14	\$427.98
3i. Drug susceptibility test in microtiter plates for <b>rapidly growing mycobacteria, Nocardia</b> or other aerobic Actinomycetes by determining MICs of <b>15 drugs</b> for the organism and selected from the following agents: amikacin, kanamycin, imipenem, doxycycline, ciprofloxacin, tobramycin, ceftazidime, trimethoprim/sulfa, linezolid, augmentin, azithromycin, clarithromycin, gatifloxacin, moxifloxacin, tigecycline, gentamycin, ceftriaxone, cefepime, cefotaxime, minocycline	87186 x 15	\$265.05
3j. Drug susceptibility test for rapidly growing mycobacteria or other actinomycetes by determining MICs of 20 drugs listed in 3i ( <b>for veterinary patients only</b> ).	N/A	\$105.95

**Laboratory Director:** Leonid Heifets, M.D.

**For consultation about patient treatment or referral to our out-patient or in-patient services** call 303.398.1353

**For laboratory results and reports** call 303.398.1339, 303-398-1864, or 303 398 1347

**To submit a specimen or culture:**

1. Complete a Mycobacteriology Requisition Form
2. Select the procedures: For a raw specimen submitted for culture isolation (sec 1), order identification (sec. 2) **and** susceptibility tests (sec. 3) as well.
3. Adhere to current shipment regulations. Specimens or cultures may be destroyed if they are not properly packaged.
4. Send specimens/cultures to National Jewish Mycobacteriology Lab, 1400 Jackson St., #K422, Denver, CO 80206