



Form with fields: Patient Last, First Name, M.I. (Required), Date of birth (Required), Male/Female checkboxes, 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

Form with fields: Please Bill: Medicare, Colorado Medicaid, Patient (Pre-Pay), Check, Money Order, Visa, MasterCard, AMEX, Discover; Responsible Party (Last, First):, Medicare (HIC) #, Street Address:, Colorado Medicaid ID #, Name on Card, City, State, Zip, Social Security #, Credit Card #, Exp. Date, CVV Code, Telephone #, Patient bills must be prepaid or accompany specimen

BACTERIAL CULTURES

- ___BLDC Blood culture
___FLUID Sterile fluids
___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
___PCPDFA Pneumocystis direct

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
___CTGC Chlamydia Trachomatis/Gonorrhoea by PCR
___CMVC Rapid CMV culture, urine

MICROBIOLOGY SEND OUT TESTING (CONT)

- ___CMVR Rapid CMV culture
___MT EBV by PCR
___ENPCR Enterovirus by PCR
___GENTL Genital Culture
___GIA Giardia Ag
___HSPCR Herpes simplex virus by PCR
___RHVS Rapid herpes culture
___INFC Influenza A/B Culture
___RPAR Respiratory viral FA
___RVZ Rapid varicella zoster culture
___VRC Viral culture
___VZPCR Varicella zoster by PCR
___OAP Ova and parasites (sent to UCH micro lab)
___PINW Pinworm prep

OTHER

- ___CHLU Chlamydia pneumoniae by PCR
___MYPCR Mycoplasma pneumoniae by PCR
___RESPLX Respiratory Virus Panel by PCR
___CMED Pharmacy Sterility Testing

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)