

**Microbiology Diagnostics Requisition**

<b>1. PATIENT INFORMATION</b>							
Patient Name (Last, First)						DOB ___ / ___ / _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral/Other <input type="checkbox"/> Unknown							
Address				City		State	Zip
Phone			Ethnicity		Race		
<b>2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY</b>				<b>3. REPORT DELIVERY INFORMATION</b>			
National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.				<input type="checkbox"/> Same as Billing Address			
Client ID				Client ID			
Client Name				Client Name			
Address				Address			
City		State	Zip	City		State	Zip
Phone		Secure Fax		Phone		Secure Fax	
<b>4. SPECIMEN INFORMATION</b>							
<input type="checkbox"/> Raw Specimen OR <input type="checkbox"/> Culture Medium:							
Submitted By				Phone		Fax	
Submitter Specimen #			Actual Specimen Collection Date			Collection Time	
<b>5. SPECIMEN SOURCE</b>							
<input type="checkbox"/> Biopsy/Tissue: <i>please specify</i>		<input type="checkbox"/> Ear/Eye (EAR/EYE)		<input type="checkbox"/> Sputum (SPUTM)		<input type="checkbox"/> Other Sterile Fluid: <i>please specify</i>	
		<input type="checkbox"/> Fine Needle Aspiration (FNA)		<input type="checkbox"/> Stool			
		<input type="checkbox"/> Nasal Aspirate/Wash (NWASH)		<input type="checkbox"/> Throat Swab (THROA)			
<input type="checkbox"/> Blood (BLOOD)		<input type="checkbox"/> Nasal Swab		<input type="checkbox"/> Tracheal Aspirate (TA)		<input type="checkbox"/> Other:	
<input type="checkbox"/> Bronchial		<input type="checkbox"/> Nasopharyngeal Swab (NP)		<input type="checkbox"/> Urine (Catheter)			
<input type="checkbox"/> Bronchoalveolar Lavage (BAL)		<input type="checkbox"/> Sinus (SINUS)		<input type="checkbox"/> Urine (Midstream/Clean Catch)			
<b>6. BACTERIAL CULTURES</b>							
<input type="checkbox"/> CXBLD	Blood Culture	<input type="checkbox"/> CXLEG	Legionella Culture	<input type="checkbox"/> CXRES	Respiratory Culture	<input type="checkbox"/> CXURI	Urine Culture
<input type="checkbox"/> CXTIP	Catheter Tip (picc line, etc.)	<input type="checkbox"/> CXMIS	Miscellaneous Culture	<input type="checkbox"/> CXFLD	Sterile Fluid Culture	<input type="checkbox"/> CXDWD	Wound Culture (Deep) (including anaerobes)
<input type="checkbox"/> CXCSF	Cerebrospinal Fluid Culture	<input type="checkbox"/> CXMYC	Mycoplasma Culture <i>(Specimen must be put into transport media within one hour of collection)</i>	<input type="checkbox"/> CXSTO	Stool Culture		
<input type="checkbox"/> CXCF	Cystic Fibrosis Culture			<input type="checkbox"/> CXTHR	Throat/Nasal Culture		
<input type="checkbox"/> CXENV	Environmental Culture			<input type="checkbox"/> CXSWD	Wound Culture (Superficial)		
<input type="checkbox"/> CXGRA	Group A Strep Culture						
<b>7. FUNGAL CULTURES</b>				<b>8. DIRECT EXAMS</b>			
<input type="checkbox"/> CxFUN	Fungal Culture			<input type="checkbox"/> GRAM	Gram Stain Only		
				<input type="checkbox"/> RKOH	KOH Test		
<b>9. MOLECULAR TESTING</b>				<b>10. RAPID ANTIGEN TESTING</b>			
<input type="checkbox"/> COVD2	COVID-19 PCR			<input type="checkbox"/> RSTPA	Rapid Group A Strep (culture not included)		
<input type="checkbox"/> NMRSD	MRSA/MSSA Nasal PCR			<input type="checkbox"/> RFLU	Rapid Influenza A/B		
<input type="checkbox"/> SMRSD	MRSA/MSSA Skin PCR			<b>12. OTHER</b>			
<input type="checkbox"/> RPCOV	Respiratory Viral Panel with COVID			<input type="checkbox"/> CXPHA   Pharmacy Sterility Testing			
<b>11. SEROLOGY</b>				<b>INTERNAL USE ONLY</b>			
<input type="checkbox"/> ACOVG	COVID-19 IgG Nucleocapsid IgG by CMIA						
<input type="checkbox"/> ACOVM	COVID-19 IgM Spike Protein IgM by CMIA						
<input type="checkbox"/> SQCOV	SOVID-19 Spike Protein IgG semi-quantitative antibody detection by ELISA						