

Microbiology Diagnostics Requisition

1. PATIENT INFORMATION							
Patient Name (Last, First)				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutral	DOB _____ / _____ / _____
Address		City		State		Zip	
Phone		Ethnicity		Race			
2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY				3. REPORT DELIVERY INFORMATION			
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 Name			
Client Name				Address			
Address		City		State		Zip	
City		State		Zip		Phone	
Phone		Secure Fax		<input type="checkbox"/> Duplicate Report Requested			
Secure Fax		Phone		Attn:			
Secure Fax		Phone		Secure Fax			
4. SPECIMEN INFORMATION							
<input type="checkbox"/> Raw Specimen OR <input type="checkbox"/> Culture Medium:							
Submitted By				Phone		Fax	
Submitter Specimen #				Actual Specimen Collection Date		Collection Time	
5. SPECIMEN SOURCE							
<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)			
6. BACTERIAL CULTURES							
<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"/> CXTIS	Tissue Culture		
<input type="checkbox"/> CXGRA	Group A Strep Culture						
7. FUNGAL CULTURES				8. DIRECT EXAMS			
<input type="checkbox"/> CXFUN	Fungal Culture			<input type="checkbox"/> GRAM	Gram Stain Only		
				<input type="checkbox"/> RKOH	KOH Test		
9. MOLECULAR TESTING				10. RAPID ANTIGEN TESTING			
<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			12. OTHER			
<input type="checkbox"/> RVPCR	Respiratory Pathogen Panel			<input type="checkbox"/> CXPHA	Pharmacy Sterility Testing		
11. SEROLOGY				INTERNAL USE ONLY			
<input type="checkbox"/> COVDG	COVID-19 IgG						
<input type="checkbox"/> COVDM	COVID-19 IgM						
13. SPECIAL INSTRUCTIONS							