

## Microbiology Diagnostics Requisition

1. PATIENT INFORMATION							
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		
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 ID			
Client Name				Client Name			
Address				Address			
City		State	Zip	City		State	Zip
Phone		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"/> CMRSA	MRSA	<input type="checkbox"/> CXGRA	Group A Strep Culture	<input type="checkbox"/> CXFLD	Sterile Fluid Culture	<input type="checkbox"/> CXURI	Urine Culture
<input type="checkbox"/> CXCSF	Cerebrospinal Fluid Culture	<input type="checkbox"/> CXLEG	Legionella Culture	<input type="checkbox"/> CXSTO	Stool Culture	<input type="checkbox"/> CXDWD	Wound Culture (Deep) (including anaerobes)
<input type="checkbox"/> CXCF	Cystic Fibrosis Culture	<input type="checkbox"/> CXRES	Respiratory Culture	<input type="checkbox"/> CXTHR	Throat Culture	<input type="checkbox"/> CXSWD	Wound Culture (Superficial)
<input type="checkbox"/> CXENV	Environmental Culture	<input type="checkbox"/> CXSIN	Sinus Culture	<input type="checkbox"/> CXTIS	Tissue Culture		
7. FUNGAL CULTURES				8. DIRECT EXAMS			
<input type="checkbox"/> CXFUN	Fungal Culture			<input type="checkbox"/> RKOH	KOH Test		
9. MOLECULAR TESTING				INTERNAL USE ONLY			
<input type="checkbox"/> 4PLEX	Express PCR for SARS-Cov-2, FluA, FluB, and RSV						
<input type="checkbox"/> GIDIFF	Gastrointestinal Pathogen Panel with C. difficile						
<input type="checkbox"/> GINCD	Gastrointestinal Pathogen Panel without C. difficile						
<input type="checkbox"/> RPCOV	Respiratory Panel with COVID						
<input type="checkbox"/> STRA	Strep A PCR						