

Patient's Name/Nom de Famille										
First Name/Prénom										
Medicare No D'assurance Maladie										
Birth Date De Naissance		D	J	M	M	Y	A	Sex - Sexe		
Account Number Numéro compte					Time Required Temps Requis					
Diagnosis/Diagnostic										
Medication/Médicaments							Ordering Physician:			
<b>Date and time SPECIMEN COLLECTED</b>							Copies to:		Room #	Unit #/ No. Unité
D	J	M	M	Y	A	Time/Heure	By/Par			

\*\*\*Note: specimens **MUST** be labeled with full name and Healthcare number; these must also appear on the requisition\*\*\*

Clinical indications:
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Bronchial Wash (BW) <input type="checkbox"/>		Bronchial Wash or Lavage <input type="checkbox"/>		Bronchial Lavage (BAL) <input type="checkbox"/>	
<b>Microbiology</b>					
Routine C&S /Gram stain	CRESP <input type="checkbox"/>	<b>Viruses:</b>		Routine C&S /Gram stain	CRESP <input type="checkbox"/>
Respiratory Viral PCR Panel	RESPVPCR <input type="checkbox"/>	Coxsackie B virus	EVPCR <input type="checkbox"/>	Respiratory Viral PCR Panel	RESPVPCR <input type="checkbox"/>
Fungal Culture /Stain	CFUN <input type="checkbox"/>	Enterovirus	EVPCR <input type="checkbox"/>	Fungal Culture/Stain	CFUN <input type="checkbox"/>
Mycobacterial/AFB/TB culture (Requires separate sample container)	TBCULT <input type="checkbox"/>	Actinomyces	CANAER <input type="checkbox"/>	Mycobacterial/AFB/TB culture (Requires separate sample container)	TBCULT <input type="checkbox"/>
		Varicella Zoster	VZVPCR <input type="checkbox"/>		
RSV Antigen	RSVAG <input type="checkbox"/>	Influenza A&B	INFLUSCR <input type="checkbox"/>	RSV Antigen	RSVAG <input type="checkbox"/>
Pertussis PCR	CPERT <input type="checkbox"/>	CMV Culture	CVCMV <input type="checkbox"/>	Pertussis PCR	CPERT <input type="checkbox"/>
PCJ (Pneumocystis Jiroveci)	PNEUMSM <input type="checkbox"/>	Herpes PCR	HERPESPCR <input type="checkbox"/>	PCJ (Pneumocystis Jiroveci)	PNEUMSM <input type="checkbox"/>
Fungal Culture	CFUN <input type="checkbox"/>	Legionella (add comment "looking for legionella")	CLEGION <input type="checkbox"/>	Fungal Culture	CFUN <input type="checkbox"/>
Galactomannan	GALACTO <input type="checkbox"/>	Other: _____ <input type="checkbox"/>		Galactomannan	GALACTO <input type="checkbox"/>
Nocardia	CFUN <input type="checkbox"/>	_____ <input type="checkbox"/>		Nocardia	CFUN <input type="checkbox"/>
Respiratory Culture	CRESP <input type="checkbox"/>			Respiratory Culture	CRESP <input type="checkbox"/>
Other: _____ <input type="checkbox"/>				Other: _____ <input type="checkbox"/>	

<b>Hematology</b>	
Differential	BAL <input type="checkbox"/>
CD4/CD8 flow (if lymph >10%)	FBAL <input type="checkbox"/>

**Do NOT use this requisition for Cytology or Pathology requests**

Physician's remarks:
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**NOTE:** This is a **CONTROLLED** document. Any document appearing in paper form is not controlled and should **ALWAYS** be checked against the electronic version prior to use.