

Microbiology Requisition

Requests for Infectious Diseases Serology on the reverse

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:										
Date and time SPECIMEN COLLECTED										
D	J	M	M	Y	A	Time/Heure		By/Par	Room #	Unit #/ No. Unité
Copies to:										

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

<input checked="" type="checkbox"/> SPECIMEN / SITE	<input checked="" type="checkbox"/> TEST(S)	<input checked="" type="checkbox"/> SPECIMEN / SITE	<input checked="" type="checkbox"/> TEST(S)
Blood/Bone Marrow Cultures		Respiratory Specimens	
<input type="checkbox"/> Peripheral/Venous	<input type="checkbox"/> Routine Aer/An CB	<input type="checkbox"/> Throat (Gp A Strep done if ≤ 18y)	<input type="checkbox"/> Routine CT
<input type="checkbox"/> Central Line (specify type): _____	<input type="checkbox"/> Routine + Yeast CBY	<input type="checkbox"/> Nose	<input type="checkbox"/> Routine for beta strep GAS
<input type="checkbox"/> Arterial Line	<input type="checkbox"/> Routine ? Endocarditis CBE	<input type="checkbox"/> Gum <input type="checkbox"/> Mouth <input type="checkbox"/> Tongue	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Fungus CBFUN	<input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> swab <input type="checkbox"/> aspirate	<input type="checkbox"/> Screen for Staph aureus only CN
Sterile Body Fluids		<input type="checkbox"/> Sputum	<input type="checkbox"/> Screen for Yeast & Vincents GS
<input type="checkbox"/> CSF	<input type="checkbox"/> Routine C & S CCSF	<input type="checkbox"/> Endotracheal Suction	<input type="checkbox"/> Pertussis PCR CPERT**
	<input type="checkbox"/> Adenovirus PCR ADVPCR	<input type="checkbox"/> Induced <input type="checkbox"/> Expecterated	<input type="checkbox"/> RSV Antigen RSVAG
	<input type="checkbox"/> Herpes Group PCR HERPESPCR	<input type="checkbox"/> Bronchial Washing	<input type="checkbox"/> Routine C&S CRESP
	<input type="checkbox"/> Enterovirus PCR EVPCR	<input type="checkbox"/> Broncho-Aveolar Lavage	<input type="checkbox"/> Respiratory Viral Culture RESPVPCR**
	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Open Lung Biopsy	<input type="checkbox"/> Mycobacterial/AFB/TB culture TBCULT
<input type="checkbox"/> Pleural fluid	<input type="checkbox"/> Routine C & S CMISC	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Fungal Culture CFUN
<input type="checkbox"/> Peritoneal fluid	<input type="checkbox"/> Routine C & S CMISC	Urinary Tract Specimens (approved sterile container required)	
<input type="checkbox"/> Joint/Synovial Fluid	<input type="checkbox"/> Routine C & S CBF	<input type="checkbox"/> Clean Catch / MSU	<input type="checkbox"/> Routine C&S UCULT
<input type="checkbox"/> Other Body Fluid (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Catheter*	<input type="checkbox"/> Routine + Yeast CUY
Eyes, Ears & Sinus Specimens		<input type="checkbox"/> Cystoscopy*	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Eye <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> cornea	<input type="checkbox"/> Routine C&S CEYE	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Chlamydia/GC DNA CHLAMGCUR
<input type="checkbox"/> external (conjunctiva)	<input type="checkbox"/> Viral Culture (Adeno, Entero & HSV) CVEYE	Miscellaneous - Wound / Skin / Abscess / Surgical / Tissues, etc	
<input type="checkbox"/> Ear <input type="checkbox"/> left <input type="checkbox"/> right	<input type="checkbox"/> Routine C&S (external canal) CEAR	<input type="checkbox"/> Wound - superficial	<input type="checkbox"/> Routine C&S CMISC
<input type="checkbox"/> external canal	<input type="checkbox"/> Routine C&S CENT	<input type="checkbox"/> Wound - abscess	<input type="checkbox"/> Routine C&S CAB
<input type="checkbox"/> middle ear drainage	<input type="checkbox"/> Other(specify): _____	Site description:	<input type="checkbox"/> Mycobacterial/AFB/TB TBCULT
<input type="checkbox"/> Sinus specimens (specify): _____	<input type="checkbox"/> Routine C&S CENT		<input type="checkbox"/> Fungal Culture CFUN
	<input type="checkbox"/> Other(specify): _____	<input type="checkbox"/> Biopsy/Surgical Specimens	<input type="checkbox"/> Routine C&S CBX
Gastrointestinal Tract Specimens		Site:	<input type="checkbox"/> Mycobacterial/AFB/TB TBCULT
<input type="checkbox"/> Stool	<input type="checkbox"/> Routine C&S CS**		<input type="checkbox"/> Fungal Culture CFUN
<input type="checkbox"/> Rectal	<input type="checkbox"/> Rota Virus Antigen ROTA	<input type="checkbox"/> Catheter Tips & Sites	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Clostridium difficile Toxin CDIFF	Specimen description:	<input type="checkbox"/> Routine C&S CCATH
	<input type="checkbox"/> Ova & Parasites O&P **		<input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> Norwalk NORPCR	Multidrug - Resistant Organisms	
	<input type="checkbox"/> Calprotectin CALPRO	<input type="checkbox"/> MRSA <input type="checkbox"/> Nose <input type="checkbox"/> Rectal <input type="checkbox"/> Axilla <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Chlamydia/GC DNA probe CHLAMGCR	<input type="checkbox"/> VRE <input type="checkbox"/> Nose <input type="checkbox"/> Rectal <input type="checkbox"/> Axilla <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Other: _____	Other Specimens / Special Requests	
Genital Tract Specimens		Site / specimen type (specify):	Request (specify):
<input type="checkbox"/> Vaginal (Dx Vaginitis)	<input type="checkbox"/> Routine (Vaginosis, Candida, Trich) VS		
<input type="checkbox"/> Combined Vaginal/Rectal	<input type="checkbox"/> Group B Strep Screen CGBS		
<input type="checkbox"/> Endocervix EC	<input type="checkbox"/> Chlamydia/GC DNA Probe		
<input type="checkbox"/> Cervix CX	Both tests done together on		
<input type="checkbox"/> Urethra UR	<input type="checkbox"/> ONE swab - SITE CHLAMGC***		
<input type="checkbox"/> Voiced Urine UV	or <input type="checkbox"/> Voiced urine CHLAMGCUR		
DNA probe only - first 15 to 20 ML voided	*** CHLAMGC (F9 look up site)		
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Glass slide Microtrak CHLMICTRK(DEC)	Clinical Information	
	<input type="checkbox"/> GC Culture CGC	<input type="checkbox"/> pregnant <input type="checkbox"/> postpartum <input type="checkbox"/> post surgical <input type="checkbox"/> sexual assault	
	<input type="checkbox"/> Routine C&S CGEN	<input type="checkbox"/> other (specify): _____	

Requests for cultures on reverse

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Relevant Clinical Information: Antiviral therapy <input type="checkbox"/> Yes <input type="checkbox"/> No Special Requests:	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Needlestick <input type="checkbox"/> exposed person <input type="checkbox"/> source person <input type="checkbox"/> Post immunization	Risk Group <input type="checkbox"/> Acute hepatitis <input type="checkbox"/> Chronic carrier <input type="checkbox"/> Blood products? <input type="checkbox"/> Travel? Where <input type="checkbox"/> Immigration
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<input type="checkbox"/> CMV IgG (Immune Status)	CMVG	<input type="checkbox"/> Bartonella PCR	BARTPCR
<input type="checkbox"/> CMV (Recent/Acute Infection; IgG & IgM)	CMV	<input type="checkbox"/> Torch Screen	TORCH
<input type="checkbox"/> Herpes (Recent/Acute Infection IgG & IgM) Other Herpes tests <i>require relevant clinical information.</i> Please specify:	HERPES	<i>Includes: Rubella IGM, Herpes IgM, B Antigen, CMV IgM, Toxoplasma IgM & Syphilis Screen</i>	
		<input type="checkbox"/> Culture Virus Respiratory	RESPVPCR
		<input type="checkbox"/> Influenza A & B	INFLUSCR
		To be admitted <input type="checkbox"/> Yes <input type="checkbox"/> No	ZFLU
<input type="checkbox"/> Helicobacter Pylori Antigen (stool)	HPYLAG	<input type="checkbox"/> Influenza Surveillance (ER & DR with survey form)	INFLUSURVEIL
<input type="checkbox"/> HIV antibody	HIV	<input type="checkbox"/> Parvovirus IgG (Immune Status)	PARVOG
HEPATITIS TESTS		<input type="checkbox"/> Parvovirus IgM (Recent/Acute Infection)	PARVOM
<input type="checkbox"/> Hepatitis A IgG (Immune status/ post vaccination)	HAVG	<input type="checkbox"/> Q Fever	QFEVER
<input type="checkbox"/> Hepatitis A (Recent/Acute Infection; IgG & IgM)	HAV	<input type="checkbox"/> Rabies Serology <input type="checkbox"/> Acute Sample <input type="checkbox"/> Convalescent Sample	RABIES
<input type="checkbox"/> Hepatitis B Surface Antigen (infection)	HBAG	<input type="checkbox"/> Red Rash Screen "Measles Screen" <i>Includes: Rubella IgG/IgM, Parvovirus IgG/IgM, Measles IgG/IgM</i> Date of Contact: _____ Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rash <input type="checkbox"/> Fever Other: _____	MESCR
<input type="checkbox"/> Hepatitis B Surface antibody (immune)	HBAB		
<input type="checkbox"/> Hepatitis C antibody	HEPCV		
INFECTIOUS MONONUCLEOSIS			
<input type="checkbox"/> EBV (Acute) VCA IgM	EBVIM	<input type="checkbox"/> Rubella IgG (Immune Status)	RUBG
<input type="checkbox"/> EBV Panel <i>Includes: EBV VCA IgM, EBV VCA IgG, Anti EBNA</i>	EBVPAN	<input type="checkbox"/> Rubella IgM (Recent/Acute Infection)	RUBM
<input type="checkbox"/> Lyme Disease Antibody Screen	LYME	<input type="checkbox"/> Syphilis Screen (EIA)	SYPH
<input type="checkbox"/> Legionella	LEGAB	<input type="checkbox"/> Syphilis Treatment follow up (RPR)	RPR-RX
<input type="checkbox"/> Mumps IgG (Immune Status)	MUMPSG	<input type="checkbox"/> Toxoplasma IgG (Immune Status)	TOXOG
<input type="checkbox"/> Mumps IgM (Recent/Acute Infection)	MUMPSM	<input type="checkbox"/> Toxoplasma IgM (Recent/Acute Infection)	TOXOM
<input type="checkbox"/> Measles IgG (Immune Status)	MEASLESG	<input type="checkbox"/> Varicella Zoster IgG (Immune Status)	VZG
<input type="checkbox"/> Measles IgM (Recent/Acute Infection)	MEASLESM	<input type="checkbox"/> Varicella Zoster (Recent/Acute Infection; IgG & IgM)	VZ
Special Requests – please specify		<input type="checkbox"/> West Nile Serology	WNSEROL
		<input type="checkbox"/> West Nile PCR (CSF)	WNPCR