

MR#:
 Patient name:
 (Last, first, MI)
 DOB:
 Sex:

ALL FIELDS ARE REQUIRED

Order Date _____ Collect Date _____ Collect Time _____
 Ordering Location _____ Collector ID _____ Contact # _____
 Billing/Authorizing Provider (Attending MD, NP, PA): - Please Print: _____

 Ordering Provider (only if different) _____
 Provider Signature _____

Diagnosis or ICD-10 Code. (Outpatient only)

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

BLOOD CULTURE & CATHETER TIP CULTURE
 Bacteria, Candida, Cryptococcus Site: _____
 Total Volume: _____ Collector: _____
 Catheter Tip Site: _____

Is the patient on antibiotics? yes no
 Is the patient immunocompromised? yes no
 Does the patient have CF? yes no

Susceptibility Testing: Susceptibility tests are performed based on laboratory protocols. If you do not need susceptibilities performed check the box below.

DO NOT PERFORM SUSCEPTIBILITIES

If you would like information about laboratory protocols, please contact Microbiology at 608-263-8710.

FUNGAL (NO SWABS) Specify site:
 Fungal Culture & Smear
 Fungal Smear ONLY

RESPIRATORY - specify test and culture method
 Sputum/Bronchial Culture including Gram Stain
 Cystic Fibrosis Sputum Culture Add Gram Stain
 Gram Stain ONLY - No Culture
 Pneumocystis jiroveci by PCR
 Beta Strep Culture (throat swab)
 Nose Culture
 BAL Quantitative Culture including Gram Stain

Required-Mark Collection Method
 Cough Swab (CF Only)
 Expectorated
 Induced
 Suctioned

 Bronchoscopic BAL
 NonBronchoscopic "Blind" BAL

Respiratory Virus
 RSV Detection
 Influenza A & B & RSV Detection
 Respiratory Virus Panel with Bordetella, PCR
 Bordetella Species (Including *B. pertussis*)
 COVID-19, PCR

RAPID TESTS
 Specify Site:
 Rapid strep (Culture if Negative)
 Cryptococcal Ag (titer if positive)
 Legionella Urinary Ag
 Strep pneumoniae Ag
 H. pylori breath test
 S. aureus/MRSA by PCR for Purulent SSTI

WOUND / FLUID / OTHER - specify culture and method
 Aerobic Culture including Gram Stain
 Aerobic and Anaerobic Culture including Gram Stain
 Spinal Fluid (CSF LP) Culture including Gram Stain
 CSF LP Tube # _____
 Shunt/ventriculostomy aerobic culture including Gram Stain
 Includes Culture for *C. acnes*
 Gram Stain ONLY - No culture
 Beta Strep Culture (rectal and vaginal swab)

Required-Specify Site
 Abscess
 Aspirate
 Bone (osteo)
 Burn
 Deep Tissue
 Fluid
 Joint
 Other _____
 Superficial

Surveillance
 Specify Site:
 MRSA by PCR *S. aureus*/MRSA by PCR
 VRE

OTHER REQUESTS
 H pylori by CLO Test
 Bacterial Identification by 16S
 Other: _____

GENITAL
 Vaginitis/Vaginosis—* Requires vaginal specimen
TESTING FOR ALL 3 SYNDROMES IS HIGHLY RECOMMENDED
 Bacterial Vaginosis Gram Stain *
 Trichomonas Vaginalis by Amplified Probe Technique Site: _____
 Yeast Wet Mount and Culture *
 Yeast Culture *

Neisseria gonorrhoeae AND *Chlamydia trachomatis*
TESTING FOR BOTH IS HIGHLY RECOMMENDED
 Neisseria gonorrhoeae by Amplified Probe Technique Site: _____
 Chlamydia trachomatis by Amplified Probe Technique Site: _____
 Neisseria gonorrhoeae Culture Site: _____
 Group A Strep Site: _____
 Group B Strep - rectovaginal required
 Check if patient is penicillin allergic

STOOL
 GI Pathogen Panel
 Includes: *Salmonella*, *Shigella*, *Campylobacter*, *Vibrio*, *Yersinia enterocolitica*, Shiga Toxin 1/2, Norovirus, Rotavirus
 Fecal Leukocytes (WBC's)
 Cyclospora
 Isospora
 Pinworm
 Giardia / Cryptosporidium Ag
 C difficile toxin B gene (tcdB) by PCR

Ova and Parasites Microscopic Exam - SEE BELOW
Required-Identify Reason for O&P
 Eosinophilia documented
 Immunocompromised
 Recent immigration from endemic country
 Recent ingestion of raw seafood
 Recent travel outside of US to an endemic area
 Test approved by Infectious Diseases, Gastroenterology, or Clinical Microbiology Faculty