**Microbiology/Molecular Biology Request Form**

*Do not place in Medical Record*

**Requested By:**

**Dr. Code:**

**Clinic/Unit:**

**Secondary Provider:**

**Secondary Provider Code:**

**Date of Collection:**

**Time of Collection:**

**Collected By:**

**Diagnostic Code:**

*(Enter a diagnosis for each specimen. Only tests which are medically necessary as documented in the medical record. Tests may be ordered individually. Include all ICD-9 Codes in the fields below. Medicare generally does not cover routine screening or investigational tests.)*

**Microbiology Laboratory - See reverse side for instructions**

**This Box Must Be Completed**

**Specimen/Source:**

*(One specimen type per form)*

**Call Back #:**

**Gram Stain:** Send sufficient fluid, tissue, or additional swab.

**Stat:**

**Routine:**

**Bacterial Cultures/Studies**

- ANAC: Anaerobe culture
- WADC: Wound/Abcs/DM Culture
- BXTSC: Biopsy/Tissue Culture
- LDLT: Blood culture
- CATHC: Catheter IV Culture
- EREYC: Ear/Eye Culture
- FLDC: Fluid Culture, Non CSF
- GENC: Genital Culture, Non VAG/ CX
- ULEGAG: Legionella Urinary Antigen
- AGLEG: Legionella Antigen
- LEGC: Legionella Culture
- RESPC: Respiratory Culture
- ASCN: Sputum A Screen, Rap (STAT Lab)
- GRPS: Sputum A Culture, Throat
- GRPPS: Sputum Group B Culture
- URINC: Urine Culture

**Collection Method:** Please indicate

- CCMB: Suprapubic Cath
- Intwelling Cath: Suprapubic Tap
- Straight Cath: Other

**Fungal Cultures/Studies**

- ACRG: Cryptococcus Antigen
- WFDPC: Fungal Cult Dermpathy
- WFRBC: Fungal Culture, Blood
- WFXGC: Fungal Culture, Non-Blood
- AGCPP: Pneumocystis Antigen

**Parasitology Studies**

- YOPA: Ova and Parasite Algorithm
- YMOP: Microscopic O&P
- YPIN: Pinworm Examination
- YDIR: Parasite Direct Exam
- YCRP: Stool Ova & Parasite Exam
- YMIR: Microsporidium
- YGIR: Cryptosporidium

**Stool Cultures/Studies**

- STLCT: Stool Culture
- AGCDT: C. difficile Toxin, Stool
- STLEU: Leukocytes, Stool
- STOBS: Occult Blood, Stool Screen
- STOBD: Occult Blood, Stool Diagnostic
- STPAS: Stool pH
- STRS: Stool Reducing Substance
- STFAT: Stool Fat.
- AGROT: Rotavirus Antigen
- GACOB: Occult Blood, Gastric

*See Instructions on reverse side*

**Viral Cultures/Studies**

- VHSV: Herpes (HSV) Culture
- VCUL: Viral Culture
- VJCUT: Circle suspected virus
- HSVC: Herpes (HSV) Culture
- ADEN: Adenovirus VZV ENTERO
- VCRV: Viral Culture: Respiratory Virus
- VASV: Herpes (HSV) Antigen Smear
- VAVZ: Varicella (VZV) Antigen Smear

**Molecular Microbiology**

- CMVQI: Cytomegalovirus DNA PCR Qualitative
- HSVQI: Herpes Simplex Virus DNA PCR Qualitative
- HIVQNT: HIV-1 Virus RNA PCR, Quantitative
- HCVQIU: Hepatitis C Virus RNA Quantitative
- HBEVQI: Hepatitis B Virus RNA Quantitative
- BPERD: Bordetella pertussis DNA PCR

**Chlamydia Trachomatis/ Neisseria Gonorrhoeae Studies**

- RAdvanced: Chlamydia trachomatis RNA cervical, urethral, and urine specimens only
- RAdvanced: Neisseria gonorrhoeae RNA cervical, urethral, and urine specimens only

*Note: Above tests require a specific collection device. Both tests listed above can be performed from one collection device.*

**Gonorrhea Culture**

- GONR: Gonorrhea Culture
- GONR: Submit on Charcoal swab or JEMBEC Plate

**Other tests or comments:**
**MICROBIOLOGY/MOLECULAR BIOLOGY REQUEST FORM**

### Do not place in Medical Record

- **BACTERIAL CULTURES/STUDIES**
  - **ANAC** Anaerobe culture
  - **WADC** Wound/AbSci/Dmm Culture
  - **BXTSC** Biopsy/Tissue Culture
  - **BLDC** Blood culture
  - **CATHC** Catheter IV Culture
  - **EREYC** Ery/Ear Culture
  - **FLDC** Fluid Culture, Non CSF
  - **GENC** Genital Culture, Non VAG/CX
  - **ULEGAG** Legionella Urinary Antigen
  - **AGEG** Legionella Antigen
  - **LEGC** Legionella Culture
  - **RESPC** Respiratory Culture
  - **ASCN** Spec A Screen, Rapid (STAT Lab)
  - **GRPPS** Spec A Culture, Throat
  - **GRPPS** Spec Group B Culture
  - **URNIC** Urine Culture

- **COLLECTION METHOD** Please indicate:
  - **CCMB** Cath
  - **SupraPubic Cath**
  - **Indwelling Cath**
  - **SupraPubic Tap**
  - **Straight Cath**
  - **Other**

- **MINIMUM COLLECTED** Send sufficient fluid, tissue, or additional swab.

- **ROUTINE** (for known positive patients only)

#### VIRAL CULTURES/STUDIES
- **HSV** Herpes Simplex Virus
- **CMV** Cytomegalovirus
- **HIV** HIV-1 RNA PCR, QUANTitative
- **HCV** Hepatitis C Virus RNA QUANTitative
- **HPV** Human Papillomavirus

#### MOLECULAR MICROBIOLOGY
- **CMV** Cytomegalovirus DNA PCR QUANTitative
- **HIV** HIV-1 RNA PCR, QUANTitative
- **HCV** Hepatitis C Virus RNA QUANTitative
- **HPV** Human Papillomavirus

#### CHLAMYDIA TRACHOMATIS/NEISSERIA GONORRHOEAE STUDIES
- **RNA** Chlamydia trachomatis RNA cervical, urethral, and urine specimens only
- **RNA** Neisseria gonorrhoeae RNA cervical, urethral, and urine specimens only

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Other tests or comments:

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Multiple cultures–Policy and Guidelines,
a. Do not submit more than three blood cultures per 24 hours.
b. Do not submit more than one sputum per 24 hours.
c. Three consecutive negative stool cultures usually rule out enteric pathogens or carrier state.
d. For Mycobacteria (AFB), one culture daily x 3 days from the same source (sputum or
urine) is considered adequate. Early morning specimens are best.

7. For better service, please supply all information on the requisition.
Also:
a. Indicate the method of urine collection.
b. Send urine for routine bacterial culture in grey-top Vacutainer transport tubes.

1. From one collection device, only the test(s) checked on the requisition will be performed.

Note: Both Chlamydia trachomatis and Neisseria gonorrhoeae RNA tests can be performed
specimen transport tube: Ensure that the lid level is below the black line.
• For first void urine specimens: Submit in an APTIMA® Combo 2 Assay urine
specimen transport tube.
• For endocervical or urethral specimens: Submit BLUE swab in APTIMA® Combo 2
Amplicor Chlamydia trachomatis and Neisseria gonorrhoeae Culture:

8. Chlamydia trachomatis/Neisseria gonorrhoeae Testing:
a. Amplified Chlamydia trachomatis RNA test:
• For endocervical, urethral and first void urine specimens only. For endocervical or urethral specimens: Submit BLUE swab in APTIMA® Combo 2 Assay urine
specimen transport tube. For first void urine specimens: Submit in an APTIMA® Combo 2
Amplicor Chlamydia trachomatis and Neisseria gonorrhoeae Culture:
for eye, rectum, nasopharynx.
b. Indicate the method of urine collection.
c. Indicate the method of urine collection.
d. Indicate the method of urine collection.

9. Stool Occult Blood Testing now requires a specific diagnostic code to describe the medical
necessity as SCREENING or DIAGNOSTIC.

For further information, consult the Laboratory User’s Guide at http://pathology.hfhs.org/lug
or call the Laboratory Customer Service at 313-916-LABS (5227)