PRINT FORM

THE UNIVERSITY OF TOLEDO
MEDICAL CENTER

MICROBIOLOGY
REQUISITION PATHOLOGY

Patient Label

Clinic/Location:_____
Specimen Obtained: Date:_____Time:_____ Initial:_____ ☐Stat ☐Routine
Requisition Completed by:_____ Report to_____
Comments:_____

PLEASE ENTER ALL DIAGNOSES – REQUIRED FOR BILLING

- *If Medical Necessity [reason for Lab Test(s)] is not stated, testing may be delayed.*

Diagnosis/Symptoms:
1:[f]_____2:_____ 3:_____

Ordering Physician: X_____

- *Any claim submitted for services will be paid only if the service is covered, reasonable, and necessary for the beneficiary. Medicare will generally not pay for routine screening tests, tests ordered at an unusual frequency, or certain tests ordered without a specific diagnosis. Advanced Beneficiary Notice is available.*

MICROBIOLOGY TESTS ONLY

Bacterial	Fungus	AFB	Viral	Stool
☐Aerobic Culture ☐Anaerobic Culture	☐Fungal Smear ☐Fungal Culture	☐AFB Culture	☐Chlamydia Culture ☐CMV Culture ☐Herpes Culture ☐Viral Culture	☐Culture *Salmonella Shigella Yersina Campylobacter EC O:157*
☐Blood Culture	☐Fungus Blood Culture	☐AFB Blood Culture	☐Rotavirus Ag ☐RSV Ag ☐RSV PCR	☐Cryptosporidium Giardia Antigen ☐Clostridium Difficile Toxin

General	Antigen Testing	General Testing	Molecular	Other Testing (*please* specify)
☐GC Culture ☐Group A Strep Culture ☐Group B Strep Culture	☐Influenza A & B ☐Strep A ☐Cryptococcal	☐Wet Prep ☐Silver Stain (GMS)	☐GC ☐Chlamydia	☐ _____ _____ _____

SPECIMEN SOURCE/SITE (REQUIRED)

Catheters	Urinary	Respiratory	Fluids	Wounds
☐Site: _____ _____	☐Clean Catch ☐Catheter ☐*Straight* ☐*Foley* ☐*Suprapubic* ☐*Nephrostomy* ☐*Ureters* ☐Other: _____ _____	☐Throat ☐Nose ☐Nasopharyngeal ☐Expectorated Sputum ☐Endotracheal Suction ☐Nasotracheal Suction ☐Bronchial Alveolar Lavage ☐Bronchial Washing ☐Bronchial Brushes ☐Lung Biopsy ☐Non-ICH ☐ICH ☐Other: _____ _____	☐Ascites ☐CSF ☐Pericardial ☐Pleural ☐Peritoneal Dialysis ☐Joint ☐Other: _____ _____	☐Abscess ☐Drainage ☐Ear ☐Eye ☐Post Surgical ☐Ulcer ☐Other: _____ _____
Genital ☐Vaginal/Cervical ☐Urethra ☐Penile Discharge ☐Other: _____	**Bladder** ☐Urine ☐Wash ☐Other: _____		**Site** _____ _____ _____	