

MICROBIOLOGY REQUISITION PATHOLOGY

Specimen Obtained: Date:	MEDICAL CENTER					
Specimen Obtained: Date:				Patient Label		
Requisition Completed by:	Clinic/Location:		 			
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:	Specimen Obtained: Date:		Time:Init	tial:	_	
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:		ea by:	Report to	0		
Diagnosis/Symptoms: 1:	Gomments.	PLEASE ENTER	RALL DIAGNOSES – REQU	IRED FOR BILLING		
1:	If Medical Nec	essity [reason for Lab Te	est(s)] is not stated, testing m	nay be delayed.		
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 □ Fungal Smear □ AFB Culture □ Chlamydia □ Culture □ Culture □ Culture □ Culture Salmonella Shigella Yersina □ Campylobacter □ Coticulture □ Cryptosporidium □ Campylobacter □ Cryptosporidium □ Cryptosporidium □ Cardia Antigen □ Clostridium Difficile Toxin □ General Antigen Testing General Testing Molecular Other Testing (please specify) □ GC Culture □ Strep A □ Silver Stain (GMS) □ Chlamydia □ Chlamydia □ Group B Strep □ Cryptococcal □ Chlamydia □ Chlamydia						
• 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	1:	2:		3:		
MICROBIOLOGY TESTS ONLY	Ordering Physic	cian: X				
Bacterial Fungus AFB Viral Stool □ Aerobic Culture □ Fungal Smear □ Fungal Culture □ Chlamydia Culture □ Chlamydia Culture □ Chlamydia Culture □ CMV Culture	generally not pay	for routine screening tests, tes				
Aerobic Culture						
□ Anaerobic Culture □ Fungal Culture □ Culture □ CMV Culture □ Campylobacter □ Campylobacter □ Colture □ Colture □ Campylobacter □ Colture □ Cryptosporidium □ Cryptosporidium □ Cryptosporidium □ Giardia Antigen □ Clostridium Difficile Toxin □ Clostridium Difficile Toxin □ Clostridium Difficile Toxin □ Colture □ Clostridium Difficile Toxin □ Colture □ Colture <td>Bacterial</td> <td>Fungus</td> <td>AFB</td> <td>Viral</td> <td>Stool</td>	Bacterial	Fungus	AFB	Viral	Stool	
CMV Culture Campylobacter Campylobacter EC 0:157 Blood Culture Fungus Blood Culture AFB Blood Culture Rotavirus Ag Cryptosporidium Giardia Antigen Clostridium Difficile Toxin General Antigen Testing General Testing Molecular Other Testing (please specify) GC Culture Strep A Silver Stain (GMS) Clostridium Difficile Toxin GC Culture Cryptococcal Cryptoco	☐Aerobic Culture		☐AFB Culture	□Chlamydia	□Culture	
□ Blood Culture □ Fungus Blood Culture □ AFB Blood Culture □ Campylobacter EC 0:157 □ 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 □ Strep A □ Silver Stain (GMS) □ Chlamydia □ Chlamydia	☐Anaerobic Culture	☐Fungal Culture			Salmonella Shigella	
□ Blood Culture □ Fungus Blood Culture □ AFB Blood Culture □ Viral Culture □ Cryptosporidium □ RSV Ag □ Clostridium Difficile Toxin □ General Antigen Testing General Testing Molecular Other Testing □ GC Culture □ Influenza A & B □ Wet Prep □ GC □ Chlamydia □ Group A Strep □ Cryptococcal □ Cryptococcal □ Chlamydia						
□ Blood Culture □ Fungus Blood Culture □ AFB Blood Culture □ Rotavirus Ag □ RSV Ag □ RSV Ag □ Clostridium Difficile Toxin General Antigen Testing General Testing Molecular Other Testing (please specify) □ GC Culture □ Influenza A & B □ Strep A □ Culture □ Strep A □ Silver Stain (GMS) □ Chlamydia □ Chlamydia				· ·		
General Antigen Testing General Testing Molecular Other Testing (please specify) □GC Culture □ Strep A □ Silver Stain (GMS) □ Chlamydia □ Cryptococcal □ Group B Strep □ Giardia Antigen □ Clostridium Difficile Toxin Molecular Other Testing (please specify) □GC □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	□Blood Cultura	DEungus Blood Culture	MAER Blood Cultura			
General Antigen Testing General Testing Molecular Other Testing (please specify) GC Culture Group A Strep Culture Group B Strep Group B Strep General Testing General Testing General Testing General Testing (please specify) General Testing General Testing General Testing General Testing (please specify) General Testing General Testing General Testing General Testing (please specify)	□Blood Culture	Purigus Blood Culture	MAPB Blood Culture			
General Antigen Testing General Testing Molecular (please specify) GC Culture Group A Strep Culture Group B Strep Group B Strep General Testing General Testi						
□ Group A Strep □ Strep A □ Silver Stain (GMS) □ Chlamydia □ Cryptococcal □ Group B Strep	General	Antigen Testing	General Testing	Molecular		
Culture	☐GC Culture			_		
□Group B Strep			∐Silver Stain (GMS)	∐Chlamydia		
• • • • • • • • • • • • • • • • • • • •		Пстурнососсан				
	Culture					
SPECIMEN SOURCE/SITE (REQUIRED)		SPECI	MEN SOURCE/SITE (RE	QUIRED)		
Catheters Urinary Respiratory Fluids Wounds	Catheters	Urinary	Respiratory	Fluids	Wounds	
_	□Site:					
Catheter Nose CSF Drainage					<u> </u>	
□ Suprapuble □ □ Endotracheal Suction □ □ Partitioneal Dialysis □ □ Past Surgical		·				
Genital □ Nephrostomy □ Nasotracheal Suction □ Joint □ Ulcer	Genital			_	_	
	□Vaginal/Cervical		☐Bronchial Alveolar Lavage	□Other:	□Other:	
□Urethra □Other: □Bronchial Washing □ □		□Other:				
Penile Discharge Bronchial Brushes Bronchial Brushes						
□Other: □ Lung Biopsy □ Non-ICH □ICH	∐Other:					
□Other:						
Bladder					Site	
Urine						
□Wash						

