



Laboratory Microbiology Requisition

Date: ___/___/___

 STAT SPEC

PATIENT / BILLING INFORMATION				PHYSICIAN INFORMATION	
NAME (last)	(first)	DOB	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Acct. #	
ADDRESS		PHONE #		SIGNATURE	
CITY/STATE/ZIP		SS #		NAME (PRINT)	
I authorize NLH to release to HCFA and/or my insurance company any information needed to consider payment for services rendered. I understand that I am responsible for all services not paid for by that policy.				FAX TO	
PATIENT SIGNATURE _____				CALL TO	
Lab Use Only				DIAGNOSIS INFORMATION	
samples: Affirm GC/Chl Swab				DX1	DX4
rec'd by:		Urine Stool Card BC Vials		DX2	DX5
Other				DX3	DX6
				Date/Time Spec collected	Initials

MICROBIOLOGY

WHEN SUBMITTING SWABS, SUBMIT ONE SWAB FOR EACH TEST REQUESTED

CULTURE **Reflex to identification and sensitivities when appropriate

BLOOD **	
FLUID** (Includes Gram Stain): Specify source _____	
FUNGUS ONLY: Specify source _____	Reference lab
GENITAL** (Non-STD): Specify source _____	
PERTUSSIS (Includes PCR): Nasopharyngeal only	Reference lab
SPUTUM**: Expectorated (Includes Gram Stain)	
STOOL**: Salmonella, Shigella, Campy, E. coli 0157 (Preserve within one hour of collection)	
STREP ONLY: THROAT, PHARYNGITIS	
THROAT, Epiglottitis**: H. Influenza, Staph. aureus, Strep. pneumoniae, Group A Strep	
THROAT, Tonsillitis or abscess**: Staph. aureus, Group A Strep	
URINE**: Clean void _____ Cath _____ Suprapubic _____	ABN signature may be required
HERPES: Specify source _____	Reference lab
WOUND AEROBIC** (INCLUDES GRAM STAIN): Skin _____ Deep _____ Specify source _____	
WOUND ANAEROBIC** (INCLUDES GRAM STAIN): Specify source _____	Reference lab
YEAST ONLY: Specify source _____	Reference lab
OTHER** (May include Gram Stain): Specify test _____ Specify source _____	

NON-CULTURE TESTING

WHEN SUBMITTING SWABS, SUBMIT ONE SWAB FOR EACH TEST REQUESTED (ONE SWAB PER MEDIA)

AFFIRM, DNA (Vaginal only): Trichomonas, Gardnerella, Candida (no culture)	
<i>Culture can not be done on an AFFIRM sample. Submit a separate swab if a culture is or may be required.</i>	
AFFIRM, DNA (Vaginal only): Includes as above PLUS culture if AFFIRM is negative	
AFFIRM, DNA (Vaginal only): Includes as above PLUS culture regardless of the AFFIRM result	
NEISSERIA GONORRHOEAE (GC) & CHLAMYDIA, DNA, PROBE:	Cervix _____ Urethra _____ Urine _____ Ref lab
CHLAMYDIA ONLY, DNA, PROBE:	Cervix _____ Urethra _____ Urine _____ Ref lab
GC ONLY, DNA, PROBE:	Cervix _____ Urethra _____ Urine _____ Ref lab
MICROSCOPIC: Gram Stain _____ KOH _____ Wet Prep _____ Specify source _____	
INFLUENZA A & B: Throat _____ Nasopharyngeal _____	
RAPID STREP (Group A Antigen): Throat only	
RSV: Nasopharyngeal only	
CLOSTRIDIUM DIFFICILE TOXIN A	
PARASITE SCREEN (One sample): Giardia and Cryptosporidium	Preserve within one hour of collection
O & P Times _____: Patient should have had negative Parasite Screen, be immunocompromised, or history of travel	Preserve within one hour of collection Ref lab
STOOL OCCULT BLOOD	
STOOL WBC: non-preserved specimen (unformed) < age 16 test within one hour; ≥ age 16 test within 48 hours	
OTHER: Specify test _____ Specify source _____	

