

## Microbiology Test Requisition

### Patient Information

Last name	First	MI
Address	DOB	Sex <input type="checkbox"/> M <input type="checkbox"/> F
City	State	ZIP
Your patient ID number		

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

### Insurance Billing Information (Attach card or face sheet)

Patient status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-hospital patient			
Hospital discharge date ____/____/____			
Primary: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Non-hospital patient <input type="checkbox"/> Other ins. _____ <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child			
Subscribers last name	First	MI	
Beneficiary/Member #	Group #		
Claims address	City	State	ZIP
Secondary: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach)	ABN: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diagnosis code (required) ICD-10 codes 1. _____ 2. _____ 3. _____			

### Client Information

Client name
Address
Account #
Bill to: <input type="checkbox"/> Client/Provider <input type="checkbox"/> Insurance

### Ordering Provider

Provider name
<input type="checkbox"/> Call results to phone # _____
<input type="checkbox"/> Fax report to # _____

### Specimen Information

Collection date (m/d/y)	Time		
Indicate Source		Indicate Source	
ABDOM	Abdomen	PERIT	Peritoneal fluid
BLOOD	Blood	RECTAL	Rectal
BRONCHIAL	<input type="checkbox"/> Lavage <input type="checkbox"/> Brush <input type="checkbox"/> Lobe-specific <input type="checkbox"/> Wash	SIN	Sinus, type:
CSF	CSF	SPUTUM	Sputum
CERVIX	Cervical	SYNOVI	Synovial fluid
EXTREMITY	Source	T	Throat
FEC	Feces	TISSUE	Tissue source:
GROIN	Grain: <input type="checkbox"/> Left <input type="checkbox"/> Right	URE	Urethral
INCL-S	Incision site:	URINE	<input type="checkbox"/> CATH <input type="checkbox"/> CY <input type="checkbox"/> VOID <input type="checkbox"/> MS
LESION	Lesion:	VAG	Vaginal
NASO	Nasopharynx	WOUND	SITE:
NOSE	Nose	OTHER	SITE:

### Select Test(s) to be Performed (✓ all that apply)

**Swabs:** Submit one swab for each procedure requested, including gram stain. Gram stains are usually routinely performed on specimens for aerobic cultures other than catheters, upper respiratory tract, blood, urine, feces, provided adequate material is available.

✓	Description	ICD	✓	Description	ICD	✓	Description	ICD
	AERS Aerobic culture, with susceptibility			STR Strep culture, throat only			ROAG Rotavirus antigen	
	AF AFB culture & stain			GASNAT Group A strep only PCR			SENS Antimicrobial susceptibility-aerobic culture **Specific drugs, if desired _____ Organism _____	
	AFST AFB (acid fast bacilli) stain only			GBS Group B strep, female			SENSA Antimicrobial susceptibility-anaerobic culture **Specific drugs, if desired _____ Organism _____	
	AFBID AFB ID (conventional)			HPYAG H. pylori antigen			TICKP Tick borne panel (no lyme)	
	ANAE Anaerobic culture, routine			HS12PCR Herpes simplex virus 1,2 PCR			URNS Urine culture with susceptibility	
	BLD Blood culture, routine bacteria/yeast			ABRNAT Influenza A&B with RSV, NAT			VZVPCR Varicella zoster virus PCR	
	BORDPCR Bordetella PCR			LYMEPCR Lyme test by PCR				
	CH-NAM Chlamydia trachomatis by NAM			MRSA Methicillin (Oxacillin) – resistant staph (MRSA) screen only				
	CHGC Chlamydia /GC by NAM			IDEN Organism ID, Aerobic Bacteria (Submit organism in pure culture) susceptibility <input type="checkbox"/> Yes <input type="checkbox"/> No				
	CDNAT C. difficile toxin, nucleic acid			IDENA Organism ID, anaerobic bacteria (submit organism in pure culture) susceptibility <input type="checkbox"/> Yes <input type="checkbox"/> No				
	COVID19 COVID 19 PCR			IDENF Organism ID, fungus/mold/yeast (submit organism in pure culture) susceptibility <input type="checkbox"/> Yes <input type="checkbox"/> No				
	ABCRNAT COVID 19, Influenza A&B with RSV, NAT			IDENP Organism ID, Parasite				
	EPPNAT Enteric parasite panel, nucleic acid			PINW Pinworm (enterobius) exam				
	FUNG Fungus culture, general							
	FSKIN Fungus culture, hair/skin/nails							
	KOHFS Fungal KOH, general (calcofluor white)							
	GC-NAM GC (gonorrhea) by NAM							
	GRM Gram stain only							