MICROBIOLOGY REQUISITION

Marshfield Labs™
Marshfield, WI • 800-222-5835

Your ID No.

NAME (LAST, FIRST)

COLLECTION DATE	COLLECTION TIME	DATE OF BIRTH	SEX
			M F

COMPLETE FOLLOWING FOR MEDICARE / MEDICAID BILLING:

MEDICARE NO.	RAILROAD RETIREE NO.	MEDICAID NO.

PATIENT ADDRESS

CITY	STATE	ZIP

MEDICARE WAIVER: If Medicare or Railroad Retiree, complete Advance Beneficiary Notice (ABN) when necessary. ABN Sent: ☐ Yes ☐ No

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[00] FX1
GREAT MEDICINE CLINIC
123 MAIN STREET
ANYWHERE, USA 11111
(555) 123-4567   R0000R
GRTDOC   (   )

[ ] DOCTOR DR MD
[ ] DOCTOR DOC MD

1. INDICATE SOURCE:

Code	Source		Code	Source
ABDOM	Abdomen		PERIT	Peritoneal Fluid
B	Blood		RECTAL	Rectal
BRONCHIAL	☐ Lavage ☐ Brush		SIN	Sinus, Type:
	☐ Lobe-specify:		S	Sputum
	☐ Wash		SYNOVI	Synovial Fluid
C	CSF		T	Throat
CERVIX	Cervical		TISSUE	Tissue Source:
EXTREMITY	Source:		URE	Urethral
FEC	Feces		URINE	☐ CATH ☐ CYSTO
GROIN	Groin ☐ Left ☐ Right			☐ VOID ☐ MS (Midstream)
INCI-S	Incision Site:		V	Vaginal
LESION	Lesion:		WOUND	SITE:
NASO	Nasopharynx		OTHER	SITE:
NOSE	Nose			

2. CHECK DESIRED PROCEDURE:

Swabs: Submit one swab for each procedure requested, this includes aerobic cultures other than catheters, upper respiratory tract, blood, urine, or feces, (provided adequate material is available).

	Description	ICD-9			Description	ICD-9
AER	Aerobic Culture, **NO** Sensitivity			GCO	GC (Gonorrhea) **Culture**	
AERS	Aerobic Culture, **with** Sensitivity			GC-PCR	GC (Gonorrhea) **PCR**	
AF	AFB Culture & Stain			GRM	Gram Stain Only	
AFST	AFB (Acid Fast Bacilli) **Stain Only**			STREP	Group A Strep, Screen (Respiratory)	
AFBID	AFB ID (Conventional)			GAS	Group A Strep, Non Respiratory	
ANAE	Anaerobic Culture, Routine			GBS	Group B Strep Screen	
BLD	Blood Culture, Routine Bacteria/Yeast			HS-AG	HSV (Herpes Simplex Virus) **Antigen**	
ABLD	Blood Culture, AFB Only			HSVC	HSV (Herpes Simplex Virus) **Culture**	
FBLD	Blood Culture, Fungus Only			FA-AG	Influenza A, Antigen	
BORD	Bordetella pertussis Culture			FB-AG	Influenza B, Antigen	
BORRSO	Borrelia (Lyme) Culture			FLAFA	Influenza A, Sensitive Antigen	
CAMPY	Campylobacter Culture			FLBFA	Influenza B, Sensitive Antigen	
CHFASO	Chlamydia trachomatis Antigen (DFA)			FLU-AG	☐ Virus Culture if Negative	
CH-LM	Chlamydia trachomatis **Culture**			LEG	Legionella Culture	
CH-PCR	Chlamydia trachomatis **PCR**			IDEN	Organism ID, Aerobic Bacteria (Submit organism in pure culture)	
CHGC	GC/Chlamydia **PCR**			CTX	Clostridium difficile Toxin A, B Assay	
CTX	Clostridium difficile Toxin A, B Assay			CMV-AG	CMV (Cytomegalovirus) Antigenemia	
CMV-AG	CMV (Cytomegalovirus) Antigenemia			CMVC	CMV (Cytomegalovirus) Culture	
CMVC	CMV (Cytomegalovirus) Culture			IDENA	Organism ID, Anaerobic Bacteria (Submit organism in pure culture)	
E157	E.Coli 0157:H7			E157	E.Coli 0157:H7	
FEC	Feces Culture, Routine			FEC	Feces Culture, Routine	
	☐ Vibrio (must request separately)				☐ Vibrio (must request separately)	
FUNG	Fungus Culture, General			FUNG	Fungus Culture, General	
FSKIN	Fungus Culture, Hair/Skin/Nails			IDENF	Organism ID, Fungus/Mold/Yeast (Submit organism in pure culture)	
KOHFS	Fungal KOH, General (Calcofluor White)					

Organism identifications (ID), aerobic, anaerobic, and urine cultures may be ordered with or without susceptibility tests drugs tested is based upon the organism's identity. MIC testing is the method of choice. Alternative methods may be

MRSA	Methicillin (Oxacillin)-Resistant Staph. (MRSA) Screen Only		ESBL	Sensitivity Only
VRE	Vancomycin-Resistance Screen Only			

FORM NO. MIC101

For lab use only: AMIES__ ANAE__ BLD__ CSF__ FECES__ HAIR__ M-4__ MILK__ NAILS__ O&P__ PLATE__ SLANT__ SLIDES__ SPUTUM__ SWAB__ TISSUE__

OTHER SPECIAL REQUESTS:

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Keep Pink Copy for Your Records

How To Complete a Test Requisition

1. Fill in all mandatory fields (pink shaded areas).
2. Please indicate source of culture being submitted by clearly marking the box next to source site.
3. Indicate desired test(s) by clearly marking box next to test name. Add diagnosis code or narrative diagnosis for each test requested.
4. Apply bar code label directly to specimen container.
5. Insert top copy of requisition form into sleeve of biohazard bag. Keep back copy for your records and refer to the bar code Control Number when calling Marshfield Labs. Place sample in zip lock compartment and assure that it is completely sealed.