

PT. NO.

NAME (Last, First)

D.O.B.

M   
F

UW MEDICINE  
LABORATORY MEDICINE COMMUNITY SERVICES  
CLINICAL LAB REQUEST

# Microbiology

1. Completely fill in left section.
2. Use a separate request form for each specimen type submitted.
3. Consult laboratory guide for specimen requirements. For unlisted tests - call Community Services (206) 598-6066 or 800 713-5198.
4. Tests indicated by an asterisk include more information on the back.

UW LAB ACC. #	
LOGGED IN BY:	PROCESSED BY:

**NOTE:** When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

ORDERING PHYSICIAN	UPIN #	
<b>SPECIMEN TYPE</b>		
DATE & TIME COLLECTED	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SENDER SPECIMEN #		
COMMENTS		
<b>ICD9/DIAGNOSIS</b>		
<b>REQUIRED</b>		
SEND REPORT TO (Hospital, Clinic, Physician)		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
PATIENT BILLING ADDRESS		
CITY	STATE	ZIP
TELEPHONE	PATIENT SOC. SEC. #	
SUBSCRIBER NAME		
SUBSCRIBER ID. #		
GROUP #		
Premera Blue Cross    Regence    DSHS (attach current coupon)		
Medicare (answer required question below)		
Is this either a hospital outpatient or inpatient? Yes    No (see reverse for additional information)		
Other Insurance Name/Address		

**AFB**

\_\_\_ Culture (Includes AFB smears as appropriate)  
(for same day AFB smear results, deadline: 9 AM at HMC)  
Rapid concentrated AFB smear    AFBCST & AFBHSC  
(for same day AFB smear results, deadline: 2 PM at HMC)  
\_\_\_ Organism identification    ODAFB  
\_\_\_ Susceptibility testing (*M. tuberculosis* only)    SENAFB

**ANTIBIOTIC ASSAYS**

Antibiotic \_\_\_\_\_  
 Trough     Peak     Random  
Please provide complete antibiotic regimen below:  
\_\_\_\_\_  
\_\_\_\_\_

**ANTIGEN DETECTION**

\_\_\_ *C. difficile* rapid screen for antigen & toxin A    SCDTAG  
\_\_\_ *Cryptococcus neoformans* (CSF, Serum)    CCAFS, SRCAFS  
\_\_\_ *Giardia* (Stool)    SGRDAG  
Nucleic Acid Amplification (NAA) detection of:  
Specimen: \_\_\_ Genital    \_\_\_ Urine (1st void only)  
\_\_\_ Chlamydia (CT) & *N. gonorrhoeae* (GC)    GCCTAD  
\_\_\_ CT only    CHLAD    \_\_\_ GC only    GCCAD  
\_\_\_ Streptococcus Group A Beta, Rapid    BSARD  
\_\_\_ Streptococcus Group B (CSF, Urine)    CBSAG, UBSAG  
\_\_\_ Other; please specify \_\_\_\_\_

**BACTERIAL IDENTIFICATION**

\_\_\_ Aerobic    OI  
\_\_\_ Anaerobic    OI\*  
Please provide the following information:  
Gram reaction: \_\_\_\_\_  
Resistance pattern: \_\_\_\_\_

**FUNGAL STUDIES**

\_\_\_ Aspergillus Galactomannan by EIA    ASPGMS  
\_\_\_ Culture (includes direct exam as appropriate)  
\_\_\_ Mold/Yeast identification    OI\*  
\_\_\_ Sensitivities (see Susceptibility section on requisition)  
\_\_\_ Lysis centrifugation blood culture    BLDFI  
(Call Community Services for Isolator tubes, 206 598-6066)

**LEGIONELLA**

\_\_\_ Legionella Culture    LEGC

**MYCOPLASMA / UREAPLASMA**

\_\_\_ Culture\*    LRSMYC, GUMYC

**PARASITOLOGY**

**Blood**

\_\_\_ Malaria exam    MALP  
\_\_\_ Other; please specify \_\_\_\_\_

**Misc. Parasitology**

\_\_\_ Helminth/ Parasite identification    OI\*  
\_\_\_ Tick identification    OI\*  
\_\_\_ Other; please specify \_\_\_\_\_

**Stool**

\_\_\_ Ova and Parasite exam    OAPP  
\_\_\_ *Giardia* (see antigen detection)  
\_\_\_ Cyclospora, Cryptosporidia, Isospora Exam    CYCLOP  
\_\_\_ Microsporidia exam    MICSP

**PNEUMOCYSTIS**

\_\_\_ Microscopic exam    PNEUP

**SEROLOGY**

**Bacterial**

\_\_\_ Anti-Streptolysin O (ASO)    ASO  
\_\_\_ Streptococcal Antibodies (Streptozyme)    STZ  
\_\_\_ RPR (serum or plasma)    RPR

**Fungal (Immunodiffusion)**

\_\_\_ Aspergillus    ASPFS, CASPFS  
\_\_\_ Blastomyces    BLSFS, CBLFS  
\_\_\_ Coccidioides    COCFS, CCOCFS  
\_\_\_ Histoplasma    HISFS, CHISFS  
\_\_\_ Battery (includes all of the above)    BFS, CBFS

**Parasitic**

\_\_\_ Amoebic titers    AMBPS  
\_\_\_ Toxoplasma immune status (IgG)    TXIS  
\_\_\_ Toxoplasma antibodies (IgG, IgM)    TXGME

**SUSCEPTIBILITY STUDIES**

Organism: \_\_\_\_\_  
Antibiotic(s): \_\_\_\_\_  
\_\_\_ Bacterial MIC only    MICB  
\_\_\_ Fungal MIC only    MICF  
\_\_\_ Bacterial MIC with MBC    MBC  
Provide disk diffusion zone size, if available: \_\_\_\_\_  
\_\_\_ Serum Inhibition Assay (Schlichter)    SIA  
(Please submit organism)

Organism \_\_\_\_\_  
 Trough     Peak     Random  
\_\_\_ Susceptibility (disk diffusion)    SENS, SENSAN  
Organism \_\_\_\_\_  
Please specify antibiotic(s) to be tested \_\_\_\_\_

\_\_\_ Synergism studies (Schedule with Microbiology @ 598-6147)    SYNG  
Organism \_\_\_\_\_  
Antibiotics \_\_\_\_\_

**MOLECULAR DIAGNOSTICS**

\_\_\_ Methicillin Resistant *S. aureus* Typing    MRSATP

For more Molecular Diagnostic information and complete test order form, see:  
<https://depts.washington.edu/molmicdx/>

Other Requests

## HCFA MEDICAL NECESSITY INFORMATION

It is our policy to provide health care providers with the ability to order only those lab tests medically necessary for the individual patient and to ensure that the convenience of ordering standard panels and custom profiles does not impact this ability. While we recognize the value of this convenience, indiscriminate use of panels and profiles can lead to ordering tests that are not medically necessary. Therefore, all tests offered in our panels and profiles can be ordered individually as well. If a component test is not listed individually on the request form, it may be written in the "OTHER REQUESTS" box. We encourage you to order individual tests or a less inclusive profile when not all of the tests included in the panel or profile are medically necessary for the individual patient.

## Medicare Billing Information

Medicare billing policy prevents us from submitting a Medicare claim for laboratory testing referred to us on hospital inpatients or hospital outpatients. For these samples, we will bill the sending location.

## Reflexive Testing Information

### AFB Incubation (30°C)

Skin and superficial tissue specimens are cultured at 30°C in addition to routine 37°C incubation to R/O mycobacteria (AFB's) which prefer lower temperatures.

### AFB Stain with Culture

AFB stain is included with AFB culture except for CSF and urine specimens, which have AFB smears done by request. When AFB stain only is ordered, AFB culture is always performed.

### Anaerobic Culture

Anaerobic culture is included with routine bacterial culture on tissues, body fluids, abscesses, and wounds collected appropriately to preserve anaerobic flora. The following specimens are not cultured anaerobically except by written request: CSF, urine, bone marrow, skin, genital, ear, eye, R/O GC, stool, R/O pertussis, environmental, and swabs in routine transport medium.

### Communicable Disease Test Confirmation

Per state regulations, the following specimens are sent to a public health lab for confirmatory testing: Mycobacterium tuberculosis, Corynebacterium diphtheriae, Brucella spp., Clostridium botulinum, Francisella tularensis, Yersinia pestis, most stool bacterial pathogens, Plasmodium spp., CSF or blood culture isolates of Neisseria meningitidis and Haemophilus influenzae, and positive RPR or VDRL (confirmed by TPPA).

### Cryptococcal Antigen

If the cryptococcal antigen test is positive, the antigen titer is determined.

### Fluorescence In Situ Hybridization (FISH) for Bacterial Detection and Identification

FISH is a rapid molecular technique whereby microorganisms are directly visualized and identified using fluorochrome-labeled oligonucleotide probes that specifically target the 16S or 23S ribosomal RNA, which occurs in high copy number in actively growing bacteria.

### Gram Stain

Gram stain is included with routine bacterial culture on all specimens except throat, nose, stool, R/O gr B Strep, routine genital, R/O GC, vascular catheter, quantitative biopsy, and specimens in blood culture bottles. Order separately if required.

### Homogenization and Concentration

To optimize organism recovery, tissues are homogenized, and body fluid and lower respiratory specimens may be concentrated by centrifugation or filtration.

### Identification and Susceptibility Testing

When suspected pathogenic microorganisms are isolated, identification and susceptibility procedures are performed, as appropriate for the organism and specimen.

### Mycoplasma/Ureaplasma

If presumptive positive then a Mycoplasma LC will be added at an additional cost.

### Rapid Concentrated AFB Smear

This test is recommended to order same day concentrated AFB smear result for lower respiratory specimens that have missed the morning deadline for routine AFB processing. Specimen must arrive at Harborview Microbiology Lab by the deadline shown on reverse. Routine culture and stain will also be performed the next day.

### Special Stain with Ova and Parasite Exam

The ova and parasite exam includes a special permanent stain, such as the trichrome stain.