

## SPECIAL MICROBIOLOGY REQUISITION

PATIENT LAST NAME	FIRST NAME	MI
DATE OF BIRTH                      AGE                      SEX		
M / F		

**SUBMITTED BY:**

Lab: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

ADDRESS			APT
CITY		STATE	ZIP
COUNTY CODE	STATE CODE	SURVEILLANCE SITE	
PHYSICIANS NAME		PHONE #	
COLLECTION DATE		COLLECTION TIME	
/ /		AM / PM	
ID / CHART NUMBER (NUMBER WILL APPEAR ON REPORT)			

STATE APPROVAL BY: Leschinsky/Safranek

**Clinical Diagnosis:** \_\_\_\_\_ **ICD 9 Code:** \_\_\_\_\_

**Race**     White     Black     Native American    **Ethnicity**     Hispanic     Non-Hispanic  
 Asian/Pacific Islander     Unknown     Other     Unknown

**SPECIMEN FOR CULTURE**

**Source:**  Bronchial Aspirate     CSF     Genital     Nasopharyngeal     Sputum     Stool  
 Throat     Urine     Blood     Other \_\_\_\_\_

**Bacteriology**     Enteric Pathogen Culture     *Escherichia coli* O157:H7 Culture     *Bordetella pertussis* Culture  
 *Bordetella pertussis* DFA     *Corynebacterium diphtheria* Culture     Group A *Streptococcus* Culture  
 *Legionella* Culture     *Legionella* DFA     *Clostridium difficile* Toxin

**Mycobacteriology**  AFB Culture and Smear, **Initial**     AFB Culture and Smear, **Follow-up**     AFB Susceptibility Testing

**Mycology**     Fungus Culture     Cryptococcus Antigen

**Virology**     West Nile Virus IgM/IgG Capture ELISA     HIV EIA/Western Blot     Norovirus PCR  
 West Nile Virus IgM Capture ELISA (CSF)

**Parasitology**    Recent Travel:     No     Yes, specify \_\_\_\_\_  
 Ova and Parasites     Giardia     Tick Identification     Worm Identification     Other: \_\_\_\_\_

**REFERRAL**

**Source:**  Bronchial Aspirate     CSF     Genital     Nasopharyngeal     Sputum     Stool  
 Throat     Urine     Blood     Other \_\_\_\_\_

**Date of Isolation:** \_\_\_\_\_  
**Recovery medium:** \_\_\_\_\_    **Transport medium:** \_\_\_\_\_

**Preliminary Identification** (Gram stain, morphology, biochemical tests performed):

**Confirmation / Identification**  
 *Escherichia coli* O157:H7     *Salmonella* species     *Shigella* species     *Campylobacter* species  
 *Haemophilus*     *Neisseria* species     *Mycobacterium* species     Other \_\_\_\_\_

**Antibiotic Resistance Confirmation**     MRSA     VRE     VISA/VRSA     SBL     Other \_\_\_\_\_  
**Sterotyping/Serogrouping**     *Salmonella* species     *Shigella* species     *H. influenzae*     *N. meningitidis*

**Organism Banking**    Organism identified as: \_\_\_\_\_