

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 Asian/Pacific Islander Unknown
Ethnicity Hispanic Non-Hispanic Other _____ Unknown

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: _____

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: _____

SPECIMEN FOR CULTURE

REFERRAL

ORGANISM