DATE OF REQUEST _____ VISIT NUMBER: _____

CHART #: _____ LOCATION: _____

PATIENT NAME _____

DATE OF BIRTH _____ MEDICAID ID# _____

Ordering Physician # _____

Medicaid ID#_____

Attending Physician # _____

BASSETT HEALTHCARE NETWORK
The Mary Imogene Bassett Hospital
One Atwell Road
Cooperstown, New York 13326

MICROBIOLOGY SENDOUT ADD ON LABORATORY TEST REQUEST FORM #4B

#3715 (f:\lab\micro\.doc) 6/08;10/08,1/4/10;1/11,1/9/12,10/1/12, 1/6/14, 4/14/14, 7/7/14, 5/14/15,8/4/15,5/5/22,6/8/22,2/16/26

ADD TO ACCN #: _____

NEW ACCN #: _____

INSTRUCTIONS: All specimens and request forms must indicate date and time of collection, and note the initials of the person who collected the specimen.

SPECIMEN	TIME:	DATE:
COLLECTED BY:		
RECIEVED BY:	TIME:	DATE:

TEST(S) TO BE ADDED:

EPIC Order Code	Reference Lab Order Code	Testing Facility
LAB101011 (RSOT)		**NYSDOH**
		Specimen Source: _____
		Organism Identification: _____
		Serotyping: _____
		Confirmation: _____
		EIP: _____
		Miscellaneous _____
LAB101011 (RMIS)		**NYSDOH**
		Specimen Source: _____
		PCR/Organism Name: _____
		Serology/Organism Name: _____
		AFB – M. tuberculosis _____
		Fast Track _____
		M. tuberculosis complex (speciation) _____
		Susceptibility _____
		West Nile _____
		Virology/Organism Name: _____
		Pulse Field (PFGE)/MRSA _____
		Influenza _____
		Miscellaneous _____
LAB101011 (RMIS)		**NATIONAL JEWISH**
		Specimen Source: _____
		Organism Identification: _____
	3g	AFB Susceptibility – 8 drugs (MOTT/MAC only)
	3h	AFB Susceptibility – 12 drugs (MOTT/MAC only)
		QUEST
		Specimen Source: _____
		Organism Identification: _____
LAB101011 (RMIS)	17823	Yeast Susceptibility – 10 drugs
	92186	Mycobacteria, Referred for identification
	90396	Nocaridia Susceptibility – 12 drugs
	19079	AFB Susceptibility (Rapid Growers) – 13 drugs
	19775	AFB Susceptibility (Slowly Growing)
	3380	Organism referred for identification (Aerobic)
	900488	Organism referred for identification (Anaerobic)
	779	Antimicrobial Susceptibility, Aerobic Bacteria, MIC
		Special Request Antimicrobials 1. _____ 2. _____ 3. _____
	70242	Antimicrobial Susceptibility, Anaerobic Bacteria, MIC (Gradient)

COMPLETED BY, INITIALS: _____

MUST be filed DAILY in CLP with Requisitions

White - CLP **Yellow -** Micro

REQUISITIONS Lab