

DATE OF REQUEST _____ VISIT NUMBER: _____ Ordering Physician # _____
 CHART #: _____ LOCATION: _____ Medicaid ID# _____
 PATIENT NAME _____ Attending Physician # _____
 DATE OF BIRTH: _____ Medicaid ID# _____

**BASSETT HEALTHCARE NETWORK
 MICROBIOLOGY/DOWNTIME**

LAB TEST REQUEST FORM #4

#0104 (f:\lab\micro\doc) 7/04,7/05,10/05,1/06,7/06,
 1/07,4/07,8/1/07,10/10/07,1/14/08,7/1/08,1/9/09,4/6/09,1/4/10,2/10/10,7/19/10,
 10/4/10,1/3/2011,6/27/11,1/16/12,
 4/1/13,4/14/14,10/6/14,1/5/15,5/14/15,8/4/15,1/17,3/20/23,5/1/23,2/16/26

Please **CIRCLE** requests below. Check box for STAT. Unless indicated, tests are

Surgical Specimen Work-up

SPECIMEN	TIME:	DATE:
COLLECTED BY:		

Diagnosis Code: _____
 or _____
 Descriptive Diagnosis: _____

PROVIDERS: Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific Diagnosis codes for each outpatient test ordered. Additionally, only tests that are medically necessary for the indicated diagnosis or treatment should be ordered, with supporting documentation in the medical record. For tests included in each panel and reflexive testing, please refer to the back of the requisition form. Under current Medicare regulations, when certain laboratory tests (indicated by an *) are ordered, and the diagnosis is not listed in the Local Coverage Determination or National Coverage Determination for that test, payment may be denied. In these cases Medicare requires an Advance Beneficiary Notice (waiver of liability) be signed to allow the hospital to bill the patient. The ABN box on the requisition MUST be checked when an ABN is obtained.

Patient has signed ABN Waiver (ABN) Patient refused to sign ABN Waiver (ABNR) ABN not required

INSTRUCTIONS: A separate request form must be used for each specimen. For explanation of footnotes, see reverse.

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

ROUTINE MICROBIOLOGY PROCEDURES

- LAB2100 Actinomyces Culture ¹ Source: _____
- LAB233 Anaerobic Culture (any source) ^{1,6} Source: _____
 Must submit tissue, or fluid in port-a-cul vial/tube.
- LAB8855 Beta Strep A Screen – Throat For Group A Strep only.
- LAB885 Beta Strep - Throat (RAPID) ² STAT (requires 2 culturettes) For Group A Strep Only
- LAB462 Blood Culture ¹
- LAB1376 Chlamydia and GC by Nucleic Acid Amplified probe (combined) Source: _____
- LAB2101 Clotest (Selective Rapid Urea) Source: _____
- LAB257 Clostridium difficile toxin (A & B) Source: _____
- LAB269 Fluid Culture ^{1,3,6,11} Source: _____ (includes gram stain)
- LAB272 Influenza A and B Direct Antigen ¹³
- LAB235 GC Culture (any Source) ¹ Source: _____
- LAB886 Legionella Antigen, urine
- LAB902 Legionella Culture ¹ Source: _____
- LAB2102 Miscellaneous Culture ¹ Source: _____
- LAB234 Resistant Organism Screen (VRE/MRSA) ¹ Source: _____
- LAB2104 RSV Direct Antigen STAT
- LAB900 Sputum Culture/Respiratory Culture ^{1,4} Source: _____ (includes gram stain)

LAB2231 GI Diarrheal Pathogen Panel ¹ Inpatient Outpatient

- LAB1850 Respiratory Pathogen Panel ¹
- LAB2019 SARs-COV 2 Rapid
- LAB2019 SARs-COV 2 Panther
- LAB21140 Streptococcus Pneumoniae Antigen, urine
- LAB4848 Trichomonas Source: _____
- LAB228 Throat Culture ¹ (includes Beta Strep and other pathogens)
- LAB239 Urine Culture ^{1*} Clean catch Catheter Other (specify) _____
- LAB2106A Vaginitis Panel Source: _____
- LAB503 Wound Culture/Tissue Culture ^{1,5,6} Source: _____ (includes gram stain, unless one swab only)

LAB877 AFB Culture - Other Source ^{1,7} Source: _____ (includes AFB stain)

FUNGAL CULTURES/PROCEDURES

- LAB779 Cryptococcal Antigen ¹⁰ STAT Source: _____
- LAB242 Fungal Culture – Blood ¹
- LAB240 Fungal Culture - Other Source ^{1,8} Source: _____
- LAB241 Yeast Culture ¹ Source: _____

STAINS

- LAB266 AFB Stain ⁷ STAT Source: _____
- LAB905 Fungal Stain STAT Source: _____
- LAB250 Gram Stain ^{3,4,5} STAT Source: _____
- LAB252 Wet Prep STAT Source: _____

PARASITOLGY

- LAB2107 Cryptosporidium Molecular Source: _____
- LAB259 Giardia antigen Molecular Source: _____
- LAB883A Blood Parasites Stain STAT (Includes all blood parasites) Write in travel history, parasite suspected
- LAB258 Ova and Parasites Molecular (Includes only Cryptosporidium and Giardia Antigen)
- LAB300M Pinworm Exam, Perianal

Special Requests

THE FOLLOWING SPECIMENS SHOULD BE REFRIGERATED IF DELAY IN TRANSPORT (> 1/2 HOUR) TO LAB:

- SPUTUMS
- THROATS
- URINES

ALL OTHERS KEEP AT ROOM TEMPERATURE

ACID FAST (TB) CULTURES

LAB246 AFB - Mycobacterial Culture – Blood ¹
FOR QUICK REFERENCE FOR PROPER COLLECTION CONTAINERS, REFER TO BACK OF THIS FORM.

Provider's Signature: _____
 Signed Date and Time: _____
 Received by: _____

REQUISITIONS Lab

REFLEXIVE TESTING

The following protocols have been established as standard practices in The Mary Imogene Bassett Hospital Microbiology Laboratory. They are based on standard Microbiology reference books (references available upon request) and have been reviewed by the Microbiology Advisory Committee.

If provider does not want any of the reflexive tests performed, indicate so in the Special Requests box.

Microbiology

1. Organism identification and susceptibility studies are performed as appropriate, according to established protocols that have been approved by the Clinical Laboratory Director. Call Microbiology for details 547-3707.
There may be additional charges for these identification and susceptibility procedures.
2. When a Rapid Beta Strep (LAB885) is ordered and the results are negative, a culture (LAB2110) is done for confirmation and billed.
3. When a Fluid Culture (LAB269) is ordered a gram stain is also performed and billed.
4. When a Sputum Culture (LAB900) is ordered a gram stain is also performed and billed. The culture is performed and billed only if the specimen meets acceptance criteria.
5. When a Wound Culture (LAB503) is ordered a gram stain will also be performed and charged, providing adequate specimen (more than one swab) is sent.
6. An appropriate routine culture (LAB269 or LAB503) is always ordered with a request for Anaerobic Culture (LAB233). An anaerobic culture is always done and billed if the specimen is collected properly, and is an appropriate source for anaerobic culture.

Anaerobic culture request will not be performed on improperly collected or inappropriate specimens.

7. When an Acid Fast Culture (LAB877) is ordered, an Acid Fast Stain is performed and billed. If the source is a sputum, and a Sputum culture has not been ordered, a gram stain will also be performed and billed. If a specimen from a respiratory source is submitted on weekends or holidays, a direct acid fast stain will also be performed and billed in order to meet New York State Department of Health turn-around time requirements.
8. When a Fungal Culture (LAB240) is ordered on cerebrospinal fluid, a Cryptococcal Antigen (LAB779) is also ordered and billed.
9. When an Ova and Parasite-Stool (LAB258) is ordered, the sample will be tested and billed for Cryptosporidium (LAB258) and Giardia Antigen (LAB259).
10. When a Cryptococcal Antigen (LAB779) is ordered and the screen is positive, a titer is performed and billed.
11. If a stain is ordered on a CSF specimen, the appropriate culture will also be ordered and billed.
12. Specimens submitted for pertussis will also be sent to a reference lab for PCR testing (LAB923) and billed.
13. When an Influenza A & B Antigen (LAB272) is ordered, and is negative, NYS Dept. of Health recommends that it be confirmed by a culture method. This may involve an additional reference lab fee.

QUICK REFERENCE CHART FOR COLLECTION CONTAINERS

Use sterile specimen cups except as noted below:

Test:	Container
AFB Culture – Blood (LAB246)	Isolator tube. <i>Sterile collection.</i>
Anaerobic culture (LAB233)	Port-A-Cul tube or vial or dime size tissue in a sterile cup, eSwab
Beta Strep Screen – Other (LAB502)	1 culturette, eSwab
Beta Strep Screen – Throat (LAB8855)	1 culturette, eSwab
Beta Strep - Throat – Rapid (LAB885)	2 culturettes, eSwab
Blood Culture (LAB462)	Blood culture vials. <i>Sterile collection.</i>
Chlamydia & GC Screen by DNA Probe (LAB1376)	Genprobe specimen collection kit (1 swab)
Clostridium difficile toxin (LAB257)	1 gray stool container or sterile specimen cup or ETM modified Carey-Blair
Clotest (selective rapid urea) (LAB2101)	Selective rapid urea media (obtain from Micro)
Cryptosporidium (LAB258)	1 O&P collection vial (Protifix) (clear cap) or stool cult vial (ETM)
Fungal culture – blood (LAB242)	Isolator tube. <i>Sterile collection.</i>
GC culture (LAB235)	Jembec plate (obtain from Micro). <i>Special collection.</i>
Giardia antigen (LAB259)	1 O&P collection vial (Protifix) (clear cap) or stool cult vial (ETM)
Influenza A & B Direct Antigen (LAB272)	DeLee or Mucoïd Suction trap or 2 culturettes. <i>Special collection.</i>
Malaria Stain (LAB883)	Fingerstick slides and 7 ml lavender top tube
Ova & Parasite (LAB258)	1 O&P collection vial (Protifix) (clear cap)
Pertussis culture (LAB2103)	Call Microbiology before collecting. <i>Special collection.</i>
Resistant organism screen (LAB234)	1 culturette, eSwab
RSV Direct Antigen (LAB2104)	DeLee or Mucoïd Suction Trap. <i>Special collection.</i>
Stool culture (LAB223)	1 stool culture collection vial (ETM) (Red or orange cap)
Throat culture (LAB228)	1 culturette, eSwab
Wet prep (LAB252)	<i>Special collection. (place swab in approximately 1 ml saline in a conical urine or red top tube)</i>
Yeast culture (LAB241)	1 culturette, eSwab

CONSULT LABORATORY MANUAL ON BASSETT INTRANET FOR PROPER COLLECTION PROCEDURES.