



WESTERN MARYLAND HEALTH SYSTEM

12500 Willowbrook Rd, SE
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Phone: 240-964-2522 Fax: 240-964-2525

MICROBIOLOGY REQUISITION

PATIENT NAME LAST FIRST M.I. REQUESTING PHYSICIAN (Please Print)
SEX RACE BIRTH DATE: MO. DAY YEAR SOCIAL SECURITY NUMBER (LAST 4 DIGITS) REQUESTING PHYSICIAN SIGNATURE and DATE
BILLING INFORMATION: BILL TO: CLIENT, PATIENT - (COMPLETE SECTION A), INSURANCE - (COMPLETE SECTION B and C)
Section A STREET ADDRESS CITY STATE ZIP TELEPHONE NO.
Primary Insurance Section B Secondary Insurance Section C
PHYSICIAN DIAGNOSIS REQUIREMENT NOTICE
When ordering tests, please be informed that the physician (or other authorized individual) is required to make an independent medical necessity decision with regard to each test the laboratory will bill. Additionally, the physician (or other authorized individual) understands he or she is required to submit diagnosis information, supported by the patient's medical record. When medical necessity requirements are not met, an ABN must be completed to inform the patient they may be responsible for payment. Obtain a signed ABN for tests with defined frequency limits.
DIAGNOSIS OR SYMPTOM:

Table with columns: Collection Date, Collection Time, CPT CODE, This column must Indicate Collection Site, i.e. Rt Arm, Left Arm, etc., CPT CODE, This column must Indicate Specimen: TYPE: (Sputum, Biopsy, etc.), CPT CODE. Rows include Blood Culture, Urine, Catheterized Urine, Throat, Nasopharynx (NP), Sputum\*, Induced Sputum\*, Tracheal Secretions\*, CSF\*, Cervix, Vagina, Urethra, Ear\*, Eye\*, Placenta, Prostatic Fluid, Gastric Aspirate\*, Stool (Includes Salmonella, Shigella and Campylobacter).

\* Includes a gram stain. Note: Gastric Aspirate, Abscess and Wound with anaerobes must be submitted in a port-a-cul tube or syringe.
\*\* Strep Screen Throat 87439 reflexes to Throat Culture Group B Strep, Screen 87081, if negative.

Must check specific Source/Site
Chlamydia DNA Probe (CHDNA) 87490
GC DNA Probe (GCDNA) 87490

Must check symptoms that apply Must include 2 swabs
Influenza A 87804
Influenza B 87804
Fever > 100 Respiratory Symptoms Sepsis Patient Admitted?