

12500 Willowbrook Rd, SE

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MICROBIOLOGY REQUISITION

PATIE	NT NA	MF		LAST		FIRST M.I.						REQUESTING PHYSICIAN (Please Print)						
TATIE	, 1 I I I I	WILL		LAGI		LIUSI					MI. REQUES				NOTHISICIAN (Hease Hint)			
SEX	RAC	ACE BIRTH DATE : M			MO.	DAY	YEAR	SOCIAL SECURITY NUMBER (LAST 4 DIGITS) XXX-XX-			REC	REQUESTING PHYSICIAN SIGNATURE and DATE						
BILLING I	NFORMA	ATION:	BILL TO:	CLIENT , P	ATIENT - (C	COMPLE	TE SECTION A) , l	INSURANC	E - (COMPL	ETE SECTIO	ON B and C))						
Section STREET ADDRESS CITY STATE.												TELEPHONE NO.						
NAME OF INSURANCE COMPANY								Secondary NAME OF INSURANCE COMPANY										
Primary Insurance Section B							Insurance Section C											
D	NSURANCE	E NO-POLICY				GROUP INSURAN			E NO-POLICY GROUP									
PHYSI DIAGN REQU NOTIO	IOSIS IREMEI	NT	decisi subm to info	ion with re it diagnos orm the pa	gard to ea is informa tient they	please be informed that the physician (or other authorized individual) is required to make an independent medical new of each test the laboratory will bill. Additionally, the physician (or other authorized individual) understands he or she remation, supported by the patient's medical record. When medical necessity requirements are not met, an ABN must ney may be responsible for payment. Obtain a signed ABN for tests with defined frequency limits. R SYMPTOM:										e or she is i	required to	
Collection Date:					CPT		This column must Indicate Collection			CPT		This column must Indicate Specimen:			men:	CPT		
Coll	Collection Time:					=	Site, i.e. Rt A	Rt Arm, Left Arm, etc.			CODE		TYPE: (Sputum, Biopsy, etc.) SITE:				CODE	
Bloo	Blood Culture)	Bronchial W	Vashing* 87205			87070	1	Gram Stain				87205	
							Bronchial B	rush*		87205	87070		Fungus Culture &	Smear		87205	87102	
	Urine					3	Bronchoalv			87205	87070		Fungal Smear Onl	у			87205	
Catheterized Urine Insertion date:					8707		Qn. Bronch	oalveola			87071		Fungas Culture: Hair, Skin, Nails				87101	
Throat					8707		Abscess*	87205,		87075		KOH Prep				87220		
Nasopharynx (NP)					8707 5 8707		Biopsy*		,		87075 87075		Yeast Culture (incl Candida) India Ink			87102 87210		
Sputum* 87205 Induced Sputum* 87205					~		Body Fluid* Quantitative				87073	+ +	TB (AFB) Culture/Smear 87015			87210		
Tracheal Secretions* 87205				•		Superficial \		67025	87205	87070	+	TB (AFB) Smear C		-	67015	87206		
CSF* 87205							Wound w/ai	* 87205 Surgical		87075		Nocardia Culture	Zilly			87070		
Cervix					8707)	Invasive Line				87070		Actinomyces Cultu	ire			87075	
Vagina					8707)	MRSA Screen				87081		MANDATORY STAT TESTS					
Ure	Urethra)	VRE Screen				87081		Rotavirus Antigen				87425	
	Ear* RightLeft 87205					6	GC Sceen – Martin Lewis				87081		RSV					
	Eye* RightLeft 87205					5	N Meningitidis Screen				87081		Trichomonas DNA Probe				87660	
Placenta 87205, 87070					8704	3	Environmental				87081 87081		Gardnerella DNA Probe				87797	
Prostatic Fluid 87205, 87070							Other, Type					$\downarrow \downarrow \downarrow$	Yeast DNA Probe			87480		
Gastric Aspirate* 87205					8707)			onfirmatory Testing:				Strep Screen/Throat * *				87430	
Stool (Includes Salmonella, Shigella and Campylobacter)					8704 8704			e Salmonella Species – D for serotyping.					Group B Strep Screen Site:				87653	
Add: Yersinia?					8704	6	Presumptive			s –			Oile.					
Vibrio? Ecoli?					8704 8704		sent to SHE type Fungu	SHD for				Penicillin Allergy?_						
* Includ	es a or	am sta	ain. Na	nte Gastri	ic Asnirate	Ahso	AFB sent for	r SHD fo	erobes m	ust he sub	mitted in	a port	-a-cul tube or syringe	<u>,</u>				
							Group B Strep				iiiittea iii	a por	-a-cui tube or syringe					
Must check specific Source/Site Chlamydia DNA Probe (CHDNA) 87490 (Requires collection in Male or Female Gen-Probe Kit) GC DNA Probe (GCDNA) 87490 (Requires collection in Male or Female Gen-Probe Kit) (Requires collection in Male or Female Gen-Probe Kit)																		
	Must check symptoms that apply Influenza A 87804 Must include 2 swabs																	
	minuci	u 11	. 07004			Fever	> 100	_ Respii	atory Sy	mptoms		Sepsi	s Patient Ac	lmitted	?			
	Influe	nza B	87804					•	, ,	•		•						