OUTREACH
Microbiology Test Requisition

Altru HEALTH SYSTEM

Pathology and Laboratory Services

1200 S. Columbia Road, Grand Forks, ND 58201

PATIENT INFORMATION

Last Name | First Name | MI | Date of Birth

☐ Male ☐ Female | Client Patient Number

FACILITY INFORMATION

Institution Name

Institution Address

Phone: | Fax:

Ordering Provider | UPIN#

Patient is:
☐ Hospital Inpatient
☐ Hospital Outpatient
☐ Clinic Outpatient
☐ Skilled Nursing Fac
___Medicare Pt A
___Medicare Pt B
☐ Other _____

INSURANCE: Complete for all Medicare Primary/Medicaid. Please send completed MSP form for Medicare Primary patients.

Pt Medicare/Medicaid #:

Pt Street Address:

City/State:

County/Zip:

Pt SSN: Phone:

Guarantor:

SPECIMEN INFORMATION:

Collection Date:

Collection Time:

Priority:
☐ Routine ☐ ASAP ☐ STAT

Special Instructions:

APLS LAB USE ONLY

Received Date:

Received Time:

By:

Comments:

SPECIMEN SOURCE: (specimen source must be included)
☐ Throat ☐ Urine ☐ Sputum ☐ Vaginal ☐ Blood
☐ Stool ☐ Nose ☐ Cervical ☐ Endocervical
☐ Nasopharyngeal ☐ Vaginal/Rectal
☐ Other: _____

How Collected (eg. Cath):

Antibiotics:

SPECIAL INSTRUCTIONS:

CULTURES	DX
Susceptibility Note: For positive cultures one or more may apply: MIC Kirby Bauer E Test Beta Lactamase	
Aerobic (routine) Culture, if positive isolate ID and susceptibility performed. For deep wounds, include anaerobic culture and gram stain.	
Anaerobic Culture, if positive isolate ID and susceptibility performed. For deep wounds, include aerobic culture and gram stain unless sending facility indicates otherwise. (Not appropriate for superficial sources)	
Blood Culture (aerobic/anaerobic), if positive isolate ID or bacterial typing and susceptibility performed	
Fungus Blood Culture, if positive isolate ID and susceptibility performed	
Fungus Culture, Skin, if positive isolate ID and susceptibility performed on request	
Fungus Culture (sites other than skin), if positive isolate ID and susceptibility performed on request	
GC Culture Only	
Genital Culture, if positive isolate ID and susceptibility performed	
Respiratory Culture (Not Throat/Nose), sputum will include a gram stain, if positive isolate ID and susceptibility performed	
Throat or Nose Culture, if positive isolate ID and susceptibility performed	
Urine Culture, if positive isolate ID and susceptibility performed **Test requires a signed ABN if Dx doesn't support medical necessity.*	
Brucella Culture – Contact Laboratory	

STOOL	DX
C. difficile Toxin Assay, NAT	
Giardia/Cryptosoridium Antigen Assay	
Pinworm Exam	
Rotavirus Antigen Detection	
Stool Culture: Salmonella, Shigella, Camyplobacter, E. coli O157, Aeromonas, and Plesiomonas (screen for Yersinia if requested). All stool cultures have a Shiga toxin assay performed. Yersinia Screen: ☐ YES ☐ NO	

SMEARS	DX
Gram Stain	
Direct Exam for Fungi (KOH)	
Wet Prep (Trichomonas, Yeast, Clue Cells)	

MISCELLANEOUS	DX
Cryptococcal Antigen, if positive titer performed	
Group A Streptococcus Screen (throat), rapid with backup culture	
Influenza A and B Rapid Antigen Detection	
Respiratory Syncytial Virus (RSV) Antigen Detection	
Chlamydia Detection, Amplification Assay (Genital/Urine)	
GC Neisseria gonorrhoeae, Amplification Assay (Genital/Urine)	
Helicobacter pylori C13 Urea Breath Test	
Identification Only, Aerobic/Anaerobic Bacteria	
Identification Only, Fungi	
Identification, Parasite, Other	
Susceptibility Only, Aerobic/Anaerobic Bacteria	
Vancomycin Resistant Enterococcus (VRE) Screen, NAT	
Methicillin Resistant S. aureus (MRSA) Screen, NAT	
Vaginitis Screen	
Respiratory Pathogen Panel: tests for upper respiratory viruses including influenza, RSV, and atypical pneumonia agents.	
Group B Streptococcus by PCR (vaginal/rectal) Is patient allergic to penicillin? Y or N, if Y susceptibility performed	

WRITE-IN TESTS	DX	LAB USE

DX	ICD-10 Code	WRITTEN INDICATION/DIAGNOSIS
1		
2		
3		
4		

Medical Necessity Statement: Tests ordered on Medicare patients must follow HCFA rules regarding medical necessity and FDA approval guidelines and must include diagnosis, symptoms, or reason for testing as indicated in the medical record. For any patient of any payor (including Medicare and Medicaid) that has a medical necessity requirement, only order those tests which are medically necessary for the diagnosis and treatment of the patient.

For a complete test listing including: reflex testing, test components, algorithms, specimen requirements, specimen stability, and additional information, refer to http://altrulab.testcatalog.org or AltruLink -> Departments & Resources -> Laboratory Services -> Catalogs -> Laboratory Test Catalog.

LAB USE ONLY

Susceptibility
___ MIC
___ Kirby Bauer
___ E Test
___ Beta Lactamase

Identification
___ Anaerobic Isolate ID
___ Aerobic Isolate ID
___ Yeast Isolate ID
___ Fungal Isolate ID
___ Parasite ID, Arthropod
___ Parasite ID, Other
___ Urine Presumptive ID

Additional Testing
___ Bacterial Typing (i.e. E. coli O157:H7, Streptococcus, S. aureus)
___ RSV Rapid Method
___ Cryptococcal Antigen Titer
___ Other: _____

WHITE/YELLOW – Altru Lab PINK – For Your Records