Spectrum Health Regional Laboratories
Infectious Disease Requisition (Patient Bill)

SPECTRUM HEALTH

ID: _____ OFFICE: _____

ADDRESS: _____

PHONE: _____ FAX: _____

Provider Name: _____
PRINT First and Last Name. No Initials.

NPI *(optional)*:_____

Provider Signature:_____

Date ordered	Date collected	Time collected	Collector

Patient Information - REQUIRED

Name Last First MI

Address Phone

City State Zip

Sex Marital Status Birth date Cell Phone

Billing - REQUIRED

Attach a copy of face sheet and insurance card. Specimen will be registered as patient self-pay and bill be the responsibility of the patient if information is not provided.
Bill to:

Patient or Insurance Name_____

Policy Number_____

Note: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. Be certain the patient has signed the Advanced Beneficiary Notice (ABN) CMS-R 131 as needed.

Additional Reports to

Name Fax

Name Fax

Diagnosis Code(s) - REQUIRED

1.
2.
3.

MICROBIOLOGY

BLOOD

- ❍ AFB Blood Culture
- ❍ Blood Culture Peripheral (bacterial)
- ❍ Fungal Blood Culture
- ❍ CMV Culture (sodium heparin tube)

URINE

Source: ❍Catheter ❍CCMS ❍ Void
❍Urine culture kit (gray top tube)

- ❍ AFB Culture with Smear
- ❍ Urine Culture (with susceptibility, if indicated)
- ❍ *Streptococcus pneumoniae* antigen, urine
- ❍ *Legionella* antigen, urine

STOOL/FECES

Stool Collection Kit (Fill ALL 3 tubes of kit)

- ❍ Enteric Pathogens by PCR
- ❍ *Clostridium difficile* Toxin (Liquid Stools Only)
- ❍ *Giardia / Cryptosporidium* Screen
- ❍ Ova & Parasites Complete (foreign travel or immunocompromised)
- ❍ Lactoferrin, Fecal
- ❍ Occult Blood Screen Immunoassay, Stool
- ❍ Occult Blood Diagnostic Immunoassay, Stool
- ❍ *Cyclospora* Stain, Stool (Send out to reference lab)
- ❍ Microsporidia PCR, Stool (Send out to reference lab)
- ❍ Viral Culture (Enterovirus and Adenovirus)
- ❍ Adenovirus antigen, stool
- ❍ VRE Screen (stool, perianal swab)

THROAT/RESPIRATORY

Body Site:

Nasopharyngeal (NP) Swab

- ❍ Influenza A/B PCR
- ❍ Respiratory Pathogens by FilmArray
- ❍ *Bordetella pertussis* PCR
- ❍ RSV Rapid Antigen

Bronchoalveolar Lavage (BAL)

- ❍ Respiratory Pathogens by FilmArray
- ❍ Quantitative Respiratory Culture
- ❍ Pneumocystis Stain

Throat Swab

- ❍ Strep A Rapid (Screen)
- ❍ Strep A Screen, Culture if Negative
- ❍ Throat culture, only for Beta-hem Group A Strep

Various (List body site above)

- ❍ AFB Culture with smear
- ❍ Fungal Respiratory Culture
- ❍ Respiratory Culture w/gram (non-sputum)
- ❍ Cystic Fibrosis Culture (Respiratory w/gram)
- ❍ Sputum Culture w/gram
- ❍ CMV Culture
- ❍ Herpes Simplex Viral Culture
- ❍ Viral Culture
- ❍ Legionella Culture
- ❍ Legionella DFA

GENITAL

Body Site:
ESwab Collection

- ❍ Gram Stain for Bacterial Vaginosis/Yeast
- ❍ Group B Strep PCR (GBS PCR)
- ❍ Group B Strep PCR (Penicillin allergy)
- ❍ Group A Strep Culture (vag/cervix)
- ❍ Fungal Culture (yeast) w/stain
- ❍ Trichomonas Antigen (vaginal)

STD Collection Kit (InTray media)

- ❍ Gonococcus (Gonorrhea) Culture

UTM Viral Transport Media Tube

- ❍ Chlamydia Culture
- ❍ Herpes Simplex (HSV) PCR, Lesions
- ❍ Mycoplasma/Ureaplasma Culture

WOUND/FLUID/TISSUE

Source:

Note: Susceptibilities are routinely performed if warranted

Aerobic Culture	**Collection**
❍ Wound Culture w/Gram Stain	ESwab
❍ Body Fluid Culture (2 mL or less, indicate priority of testing)	ESwab
❍ Body Fluid Culture (2 mL or more)	Sterile container
❍ Tissue Culture w/Gram Stain	Sterile container
❍ Spinal Fluid Culture w/Gram Stain	Sterile container
❍ Anaerobic Culture	ESwab, tissue, or fluid

Other ESwab tests

- ❍ *Staph aureus* Screen (surgery prescreen)
- ❍ MRSA Screen Culture (nasal, surveillance only)

Other Sterile collection container tests

- ❍ AFB Culture with smear
- ❍ Fungal Culture (Hair, Skin, Nail), with fungal stain
- ❍ Fungal Culture (**Not** Hair, Skin, Nail), with fungal stain
- ❍ *Cryptococcus* Antigen, CSF
- ❍ Enterovirus PCR, CSF
- ❍ Foreign Body Culture (Catheter/device culture)
- ❍ Sterility Fluid Culture

UTM Viral Transport Media Tube

- ❍ CMV Culture
- ❍ Herpes Simplex (HSV) PCR, Lesions
- ❍ Viral Culture

MISCELLANEOUS

❍ Pinworm Exam	Clear Tape or Paddle Prep
❍ Macroscopic Exam, Parasite (worm, tick, insect)	Sterile container
❍ Microscopic Exam (i.e. scabies)	Sterile container

IMMUNOCHEMISTRY

URINE

First void "dirty urine"
Abbott multi-collect kit or Sterile Urine Cup

- ❍ Chlamydia/Gonococcus PCR, Urine
- ❍ Chlamydia PCR, Urine
- ❍ Gonococcus PCR, Urine

GENITAL

Abbott multi-collect kit

- ❍ Chlamydia/Gonococcus PCR, Genital Swab
- ❍ Chlamydia PCR, Genital Swab
- ❍ Gonococcus PCR, Genital Swab

MOLECULAR DIAGNOSITCS

BLOOD

- ❍ Adenovirus Quantitative PCR (EDTA)
- ❍ CMV Quantitative PCR (EDTA)
- ❍ EBV DNA Quantitative PCR (EDTA)
- ❍ Hepatitis B Virus DNA Quantitative by PCR (EDTA)
- ❍ Hepatitis C Virus RNA Quantitative by RT-PCR (EDTA or SST Gel)
- ❍ Hepatitis C Genotype w/Amplification (EDTA or SST Gel)
- ❍ Herpes Simplex (HSV 1/2) PCR (EDTA)

URINE

First void "dirty urine"
APTIMA Urine Transport or Sterile Urine Cup

- ❍ APTIMA Chlamydia Gonococcus NAAT
- ❍ APTIMA Chlamydia NAAT
- ❍ APTIMA Gonococcus NAAT
- ❍ APTIMA Trichomonas NAAT

GENITAL - VAGINAL

APTIMA Vaginal Swab

- ❍ APTIMA Chlamydia Gonococcus NAAT
- ❍ APTIMA Chlamydia NAAT
- ❍ APTIMA Gonococcus NAAT
- ❍ APTIMA Trichomonas NAAT

Thin Prep Pap Vial

- ❍ HPV High Risk Screen
- ❍ HPV 16/18 Genotype
- ❍ APTIMA Chlamydia Gonococcus NAAT
- ❍ APTIMA Chlamydia NAAT
- ❍ APTIMA Gonococcus NAAT
- ❍ APTIMA Trichomonas NAAT

OTHER TESTING

Please indicate any special testing that is otherwise unspecified on this requisition:

Label specimen with 2 patient identifiers (name and date of birth) **Call Center Phone:** 616-774-7721 **Specimen Collection Catalog:** http://spectrumhealth.testcatalog.org

White – Lab Yellow – Physician/Office/Referring Lab