

NOTE: PLEASE REFER TO THE BACK OF THIS REQUISITION FOR SPECIMEN HANDLING INSTRUCTIONS

MICHIGAN MEDICINE

MRN:

PATHOLOGY

NAME:

Microbiology/Molecular Microbiology Laboratories Requisition and Physician Order

RESULTS REPORTING LOCATION CODE:

BIRTHDATE:

CSN:

- Routine
STAT

ORDER DATE: (mm/dd/yyyy)

ICD-10 Code/Diagnosis:
Collected by:
Collected Date:
Collection Time:
Ordering Clinician to receive report:
Physician/NP/PA Name and Signature
Attending Physician:
UMHS Dr. #:

Pertinent History:

SPECIMEN SOURCE

Current Antimicrobial Therapy/Special Request:

MICROBIOLOGY

UH CORE MICRO 2F461 (734) 936-8861

NCRC 30-G551 (734) 763-9863

BLOOD CULTURE

MOLECULAR TESTING

Blood Culture (Bacteria & yeast & Susceptibilities)

- Mold (requires Isolator transport)
AFB (Requires mycolytic bottle)
Quantitative Culture (requires Isolator transport)

- Bordetella pertussis/parapertussis
Chlamydia trachomatis and Neisseria gonorrhoeae
Neisseria gonorrhoeae
CMV Quantitative PCR
Enterovirus PCR (CSF)
Epstein Barr virus Quantitative PCR
Group A Streptococcus PCR
Hepatitis B Quantitative PCR
Hepatitis C Genotyping (HCV positive patients only)
Hepatitis C Quantitative PCR
HSV PCR
Trichomonas PCR
Legionella pneumophila/Legionella spp. PCR
Mycoplasma genitalium
Varicella Zoster Virus PCR
HIV-1 RNA Quantitation
Pneumocystis
Respiratory Virus Screen (Includes Influenza A, B, RSV)
Respiratory Virus Panel 1 (includes Adenovirus, Coronavirus 229E, Coronavirus NL63, Coronavirus OC43, Human Metapneumovirus, Influenza A, Influenza A subtype H1, Influenza A subtype H3, Influenza A subtype 2009 H1, Influenza B, Parainfluenza virus 1, Parainfluenza virus 2, Parainfluenza virus 3, Parainfluenza virus 4, Rhinovirus/Enterovirus, Respiratory Syncytial Virus (RSV), Bordetella pertussis, Chlamydia pneumoniae, and Mycoplasma pneumoniae.)
Respiratory Virus Panel 2 (RP2 includes all above plus COVID)
GIPAN Gastrointestinal Pathogen Panel (it detects: Campylobacter, Clostridium difficile toxin A/B, Plesiomonas shigelloides, Salmonella, Vibrio, Vibrio cholera, Yersinia enterocolitica, Enteropathogenic E.coli (EPEC), Enterotoxigenic E.coli (ETEC), Shiga-like toxin-producing E.coli (STEC), Shigella/Enteroinvasive E.coli (EIEC), Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia, Adenovirus F40/41, Astrovirus, Norovirus GI/GII, Rotavirus A and Sapovirus.)
HUMAN PAPILLOMA VIRUS (HPV) (high risk profile)
Cervical brush/spatula or biopsy in PreservCyt solution

NCRC 30-G551 (734) 936-6877

CULTURES (EXCEPT BLOOD)

SPECIFIC ORGANISM TESTS

- Routine Culture/Gram Stain\*
Urine Culture
Anaerobe Culture
Fungus Culture/Smear\*\*
AFB Culture/Smear\*\*
Fecal Leukocyte Smear
Urine, Gram Stain

- Beta Strep Group A Culture (Non-Throat and Nasopharyngeal)
Beta Strep Group B (Urogenital)
Clostridium difficile toxin A/B
Dermatophyte Culture
MRSA (Methicillin Resistant Staphylococcus aureus)
Neisseria gonorrhoeae Culture
Staphylococcus aureus, MSSA and MRSA
Stool shiga toxin (SLT)
VRE (Vancomycin Resistant Enterococcus)
Yeast

\* Gram Stain will be performed on appropriate specimens
\*\* Please contact the laboratory at 936-6877 for smear only or culture only requests.

DO NOT perform susceptibilities

ANTIGEN DETECTION

- Cryptococcus Antigen/Titer
Legionella Urinary Antigen
Streptococcus pneumoniae Urinary Antigen

PARASITES

- Malaria - Send to Hematology
Ova and Parasite exam, stool
Ova and parasite exam, urine
Giardia & Cryptosporidium Antigen
Helicobacter pylori stool Antigen
Trichomonas Culture
Pinworm exam
Worm ID
Tick ID

MISCELLANEOUS TESTS

- Stool Occult Blood
Stool Fat (qualitative)

OTHER TESTS

See Pathology Handbook for description of other tests available.

Other - Specify:

Other - Specify:

21-10007

VER: A/20
HIM: 10/20

LABORATORY



Testing / Diagnostic / Screening Requisition

**SPECIMEN CODES:**

**TUBES**

B = BLUE  
F = FSP  
G = GREEN  
N = NAVY BLUE  
L = LAVENDER  
P = PINK  
R = RED  
S = SST (CORVAC)

**SITE/MATERIAL**

A = AMNIOTIC FLUID  
BF = BODY FLUID  
BM = BONE MARROW  
CSF = SPINAL FLUID  
GA = GASTRIC  
M = MUSCLE TISSUE  
SK = SKIN  
T = TISSUE  
U = URINE

**HANDLING CODES:**

**BLACK REVERSE** = SPECIMENS REQUIRE SPECIAL HANDLING. Refer to on-line handbook, "<http://www.pathology.med.umich.edu/handbook/>"

**BLACK REVERSE ITALICS** = SPECIMENS REQUIRE SPECIAL HANDLING AND A HISTORY AND DIAGNOSIS.

**BLACK BOLD ITALICS** = THESE TESTS REQUIRE A HISTORY AND DIAGNOSIS IN ORDER TO REPORT RESULTS.

**COLOR BOLD ITALICS** = THESE TESTS REQUIRE A SPECIAL CDC OR MDPH HISTORY FORM AVAILABLE IN THE LAB.

\* = THESE TESTS INCLUDE A CONSULTATION AND REQUIRE A HISTORY AND DIAGNOSIS.

PROOF