



The Children's Hospital

MICRO REQUISITION - CSF, BLOOD, TISSUE, WOUND

Attending Doctor/Order Written By	Call Results To	<input type="checkbox"/> STAT	Patient ID (Name, DOB, MR#, Acct #, Sex)
Collected By (1 st initial, last name)	Room #/Clinic		
Date/Time Collected:	Organism suspected:		
For lab use only Req #	Spec #		
			Diagnosis – ICD9 codes or text (must support tests ordered)

Refer to Lab Test Directory for collection and transport instructions. For questions, results or consultation, call (303) 861-6703.

Culture or Test	MN	CPT		Source	MN
CSF or Shunt					
<input type="checkbox"/> CSF Bacterial Culture Group *	CSFG	◆	➔	<input type="checkbox"/> Lumbar Puncture <input type="checkbox"/> Shunt <input type="checkbox"/> Ventricular Drain <input type="checkbox"/> Lumbar Drain <input type="checkbox"/> Subdural <input type="checkbox"/> Other _____	CSF/LP CSF/SHU CSF/VD CSF/LD CSF/SUB CSF/OTH
<input type="checkbox"/> Shunt Culture Group *	SHUNTG	◆			
<input type="checkbox"/> Fungus Culture Group	FUNG	◆			
<input type="checkbox"/> HSV PCR Qualitative	HSV PCR	87798			
<input type="checkbox"/> Enterovirus PCR	ENTVPCR	87798			
<input type="checkbox"/> CMV PCR Quantitative	CMVPCR	87798			
<input type="checkbox"/> EBV PCR Qualitative	EBVQL	87798			
<input type="checkbox"/> VZV PCR Qualitative	VZVPCR	87798			
<input type="checkbox"/> Mycobacterial Culture Group *	AFBG	◆			
<input type="checkbox"/> Cryptococcal Antigen	CRYPT	87327			
Blood and Serum					
<input type="checkbox"/> Blood Bacterial Culture (detects yeast)	BCG	87040	➔	<input type="checkbox"/> Bone Marrow <input type="checkbox"/> Broviac <input type="checkbox"/> Catheter A-line <input type="checkbox"/> Catheter CVP <input type="checkbox"/> Mediport <input type="checkbox"/> Peripheral <input type="checkbox"/> PICC <input type="checkbox"/> Stem Cells <input type="checkbox"/> Other (specify) _____	BL/BM BL/BR BL/CAAL BL/CACVP BL/MED BL/PER BL/PICC BL/STEM
<input type="checkbox"/> Anaerobic Bacterial Bld Cult (requires special bottle)	ANA BCC	N/A			
<input type="checkbox"/> Fungal Culture for mold – requires special tube	FUNG	◆			
<input type="checkbox"/> Aspergillus Antigen	ASP AG	87305			
<input type="checkbox"/> Mycobacterial Culture Group *	AFBG	◆			
<input type="checkbox"/> CMV PCR Quantitative	CMVP	87497			
<input type="checkbox"/> Parvovirus PCR Group	PARGRP	◆			
<input type="checkbox"/> EBV PCR Quantitative	EBVQT	87799			
<input type="checkbox"/> Enterovirus PCR Qualitative	ENTVPCR	87798			
Tissues and Aspirates					
<input type="checkbox"/> Aerobic and Anaerobic Tissue Group *	TISG	◆	➔	<input type="checkbox"/> Brain Tissue <input type="checkbox"/> Cardiac Tissue <input type="checkbox"/> Gastric antrum <input type="checkbox"/> Liver Tissue <input type="checkbox"/> Ear Aspirate <input type="checkbox"/> Peritoneal Fluid <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Other (specify) _____	TIS/BRA TIS/CAR TIS/GAS TIS/LI ASP/EA ASP/PT ASP/PL
<input type="checkbox"/> Aerobic and Anaerobic Aspirate Group *	ASPG	◆			
<input type="checkbox"/> Fungus Culture Group	FUNG	◆			
<input type="checkbox"/> Mycobacterial Culture Group	AFBG	◆			
<input type="checkbox"/> Helicobacter pylori urease	PY	87339			
<input type="checkbox"/> Bartonella PCR	BARTP	87798			
<input type="checkbox"/> Mycoplasma pneumoniae PCR	MYCOPCR	87798			
<input type="checkbox"/> Standard Virus Culture Group	VCC	◆			
Wound, Vesicle and other					
<input type="checkbox"/> Aerobic Bacterial Culture Group	AERG	◆	➔	<input type="checkbox"/> Ear Swab <input type="checkbox"/> Eye Swab <input type="checkbox"/> Vesicle (specify) <input type="checkbox"/> Wound (specify) <input type="checkbox"/> Skin scraping (specify) <input type="checkbox"/> Swab (specify)	MIS/EAR MIS/EYE WOU/VES WOU WOU/SKI
<input type="checkbox"/> HSV Culture Group	HSVC	◆			
<input type="checkbox"/> HSV Culture Group with Direct Stain	HSVD	◆			
<input type="checkbox"/> VZV Culture Group with Direct Stain	VZVD	◆			
<input type="checkbox"/> Fungus Culture Group	FUNG	◆			

Other requests or comments: _____

* Susceptibilities performed according to established Microbiology protocol, if no susceptibilities desired – check here

◆ Contents of Group Tests is Listed on Planet TCH as approved by Medical Staff.