



# MICRO REQUISITION – URINE, RESPIRATORY, GI, GENITAL

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

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

Culture or Test	MN	CPT	Source	MN
<b>Urine</b>			<input type="checkbox"/> Catheter	UR/CAT
<input type="checkbox"/> Catheter Urine Bacterial Group (culture and gram stain)*	URG	◆		UR/CC
<input type="checkbox"/> Urine culture clean catch or other *	URCVG	87075		
<input type="checkbox"/> Fungal Culture Group	FUNG	◆	<input type="checkbox"/> Clean catch	
<input type="checkbox"/> CMV Culture Group	CMVC	◆		
<b>Respiratory</b>			<input type="checkbox"/> Lung Tissue	TIS/LU
<input type="checkbox"/> Strep A Reflex Group (Rapid test with culture backup)	RSTR	◆	<input type="checkbox"/> Nasal Wash	RES/NW
<input type="checkbox"/> Strep A Only Culture	STRG	87081	<input type="checkbox"/> Nasal Swab	RES/NAS
<input type="checkbox"/> Respiratory Bacterial Culture Group*	RESG	◆	<input type="checkbox"/> Sinus aspirate or tissue	RES/SPU
<input type="checkbox"/> Respiratory Bacterial Culture Group for Swab Specimens*	RESSG	87070	<input type="checkbox"/> Sputum	RES/SPU
<input type="checkbox"/> Pertussis PCR	PERG	87798	<input type="checkbox"/> Throat Swab	RES/TC
<input type="checkbox"/> Fungus Culture Group	FUNG	◆	<input type="checkbox"/> Tracheal Aspirate	RES/TRA
<input type="checkbox"/> Respiratory Virus Direct Stain	RVD	◆	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Respiratory Virus Direct Stain with PCR Backup if negative	RVDB	◆		
<input type="checkbox"/> Respiratory Virus Direct Stain with PCR Concurrent	RVDC	◆		
<input type="checkbox"/> Pneumocystis Direct Stain	PCP	86255		
<input type="checkbox"/> Mycobacterial Culture Group	AFB	◆		
<input type="checkbox"/> Mycoplasma hominis and Ureaplasma Culture	MYCOPC	87109		
<input type="checkbox"/> Mycoplasma pneumoniae PCR	MYCO PCR	87581		
<input type="checkbox"/> MRSA PCR (includes culture for positive specimens)*	MRSA PCR	◆		
<input type="checkbox"/> Cystic Fibrosis Pathogen Group for Sputum*	CFG	◆		
<input type="checkbox"/> Cystic Fibrosis Pathogen Group for Throats	CF TC	87070		
<b>Gastrointestinal</b>			<input type="checkbox"/> Stool	STO
<input type="checkbox"/> Stool Bacterial Pathogen Culture Group *	STOG	◆	<input type="checkbox"/> Duodenal Aspirate	ASP/DUO
<input type="checkbox"/> Wet mount for RBC and WBC	SM	87210	<input type="checkbox"/> Rectal Swab	REC
<input type="checkbox"/> Standard Virus Culture Group	VCC	◆	<input type="checkbox"/> Gastric Aspirate	GAS
<input type="checkbox"/> Virus Electron Microscopy	VEM	88348	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> C. difficile toxin Workup	CDT	◆		
<input type="checkbox"/> Cryptosporidium and Giardia Screen (no travel outside U.S.)	OPFA	87328		
<input type="checkbox"/> Complete Stool Parasite Group (travel outside U.S.)	OPG	◆		
<input type="checkbox"/> Occult Blood and pH (gastric)	OCCG	87273		
<input type="checkbox"/> Occult Blood (stool)	OCC	82270		
<input type="checkbox"/> Enterovirus PCR for Rectal Swab	ENTVPCR	87498		
<input type="checkbox"/> Strep A Only Culture for Rectal Swabs	STRG	87081		
<b>Genital Pathogens</b>			<input type="checkbox"/> Stool	Complete Stool Parasite Grp is not effective for the detection of Cryptosporidium spp.
<input type="checkbox"/> Vaginal Bacterial Group *	VAG	◆	<input type="checkbox"/> Duodenal Aspirate	
<input type="checkbox"/> Vaginal Pathogen Screen	VPS	◆	<input type="checkbox"/> Rectal Swab	
<input type="checkbox"/> GC Culture	GCG	87081	<input type="checkbox"/> Gastric Aspirate	
<input type="checkbox"/> GC DNA (patients 11 and older)	GC PCR	87591	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Chlamydia Culture	CHLC	87110		
<input type="checkbox"/> Chlamydia DNA (patients 11 and older)	CHL PCR	87491		
<input type="checkbox"/> GC and Chlamydia DNA (patients 11 and older)	CHLGC	◆		
<input type="checkbox"/> HSV Culture	HSVC	◆		
<input type="checkbox"/> Group B Strep Pre-natal Screening Culture	STRB	87081		
			<input type="checkbox"/> Vaginal	GEN/VAG
			<input type="checkbox"/> Urine	UR/CC
			<input type="checkbox"/> Urethral	GEN/URE
			<input type="checkbox"/> Throat	RES/TC
			<input type="checkbox"/> Rectal	REC
			<input type="checkbox"/> Other (specify)	

Other requests or comments: \_\_\_\_\_  
 \* Susceptibilities performed according to established Microbiology protocol, if no susceptibilities desired – check here   
 ◆ Contents of Group Tests are listed on Planet TCH as approved by Medical Staff.