

BRONCHOALVEOLAR LAVAGE (BAL) REQUISITION

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		
For lab use only			Diagnosis – ICD9 codes or text (must support tests ordered)
Req #	Spec #		

Refer to Microbiology Specimen Procurement Guide for transport instructions. For questions, results or consultation, call (303) 861-6703.

Total BAL Volume _____

Culture or Test	MN	CPT
Microbiology		
<input type="checkbox"/> Quantitative Bacterial Culture Group	BALG	◆
<input type="checkbox"/> Fungus Culture Group	FUNG	◆
<input type="checkbox"/> Mycobacterial Culture Group	AFB	◆
<input type="checkbox"/> Respiratory Virus PCR with CMV and HSV Rapid Culture	RVP BAL	◆
<input type="checkbox"/> Pneumocystis Direct Stain	PCP	86255
<input type="checkbox"/> Pertussis PCR	PERG	87798
<input type="checkbox"/> Mycoplasma pneumoniae PCR	MYCO PCR	87798
<input type="checkbox"/> Mycoplasma hominis and Ureaplasma Culture	MYCOPC	87109
<input type="checkbox"/> Chlamydia trachomatis Culture - < 2 years old	CHLC	87110
<input type="checkbox"/> Chlamydia pneumoniae Culture - > 2 years old	CHLP	87110
<input type="checkbox"/> Legionella Culture	LEGG	◆
CF Patients ONLY		
<input type="checkbox"/> Cystic Fibrosis Pathogen Group	CFG	◆
Pathology		
<input type="checkbox"/> Cytology Examination (includes a Wright's stain on a cytocentrifuge specimen)	CC	
<input type="checkbox"/> Stain for hemosiderin	Order as CC unless ordered above.	
<input type="checkbox"/> Stain for lipid		
Other		

* Susceptibilities performed according to established Microbiology protocol.

◆ Contents of group tests are listed in the Pathology Test Directory as approved by Medical Staff.