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 Lab Permit No. 2371
 CLIA No. 33D0010455

CHECK IF STAT

MICROBIOLOGY LABORATORY REQUISITION/ORDER

NAME:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
DOB:		Send Copies To:	
ADDRESS:		CHART OR DOWNTIME LABEL: <i>(Preferred)</i>	
LOCATION:		PHYSICIAN:	
COLLECTOR'S MEDITECH SIGN-IN:	DATE & TIME OF SAMPLE:	DOWNTIME ACCN:	MEDITECH ACCN:
Diagnosis:		RESULTS ENTERED BY:	
Ins Subscriber: _____		Subscriber ID #: _____	
CULTURE AND SENSITIVITY		PARASITOLOGY	
AFB	Acid Fast Culture & Smear	OP	Stool O&P Screen: Giardia/Cryptosporidia Antigen
ANC	Anaerobic Culture	OPMIC	Stool O&P Screen w/microscopic - include travel history (amoebas, worm eggs)
BAL	Bronch Lavage Quant Culture & Gram Stain	PW	Pinworm (paddle or tape prep)
BC	Blood Culture - Inpatient w/reflex to rapid ID/Sensi	PARID	Parasite/Worm/Bug Identification (submit parasite)
BCOUT	Blood Culture - Outpatient w/reflex to rapid ID/Sensi		
BFCB	Body Fluid Culture (bottles)	RAPID TESTS	
BFCS	Body Fluid Culture & Gram Stain	FLUAB	Rapid Influenza A&B Molecular
CATHTIP	Catheter Tip Culture	MRSA	MRSA PCR (Nasal)
CSFCS	CSF Culture & Gram Stain	COVFLURSVPCR	COVID/FLU/RSV PCR
EARCS	Ear Culture & Gram Stain	RST	Rapid Strep A Molecular
EYECS	Eye Culture & Gram Stain	RSV	Rapid RSV Molecular
EXCS	Extended Incubation Culture & Gram Stain (C. Acnes)	MRSASSTI	MRSA/SA PCR (Stat Intra-Operative only)
RECSTR	Rectal Strep Culture	**PLEASE NOTE SOURCE**	
SPCS	Sputum Culture & Gram Stain	STOOL	
TC	Throat Culture (Strep A, Arcanobacterium, Yeast, Predominating Organism)	CDT	C. difficile DNA Amplification
TISC	Tissue Culture & Gram Stain	EC0157	EC0157:H7 Culture
URCS	Urine Culture <input type="checkbox"/> Random <input type="checkbox"/> Clean Catch <input type="checkbox"/> Straight Cath <input type="checkbox"/> Indwelling Cath	FOBD	Stool Occult Blood iFOB - Diagnostic
WNDCS	Wound/Misc Culture & Gram Stain	FOBS	Stool Occult Blood iFOB - Screen
Site: _____ Is It: <input type="checkbox"/> Open <input type="checkbox"/> Superficial <input type="checkbox"/> Surgery Non-Healing		STBLO	Stool Occult Blood Guaiac - Diagnostic
And is it: <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent <input type="checkbox"/> Sequelae		ROTA	Rotavirus Antigen
PLEASE NOTE SOURCE		STC	Stool Culture (Salmonella, Shigella, Campylobacter, Yersinia, Aeromonas, Plesiomonas, Shiga-toxin producing E. coli)
GENITAL		STWBC	Stool Lactoferrin (Stool for WBCs)
GCCHL	GC/Chlamydia NAA	VIBRIO	Vibrio Culture
TRICH	Trichomonas vaginalis NAA	VIRAL	
MGEN	Mycoplasma genitalium NAA	COVID19	COVID19 PCR (Routine)
BVCANTV	Vaginitis NAA (B.Vag, Candida, Trich)	HSVPCR	Herpes PCR
VAG.PANEL	Vaginal Panel NAA (B.Vag, Candida, Trich, GC/CHL, M.gen)	VZVPCR	Varicella Zoster PCR
GENCS	Genital Culture	**PLEASE NOTE SOURCE**	
GBS	Group B Strep Screen	ADDITIONAL TESTS/INFORMATION	
Patient Penicillin Allergic/Sensitivities Required <input type="checkbox"/> Y or <input type="checkbox"/> N			
PLEASE NOTE SOURCE			
MISCELLANEOUS			
BORD	Bordetella Pertussis PCR		
CLOTTEST	Clotest		
GOB	Gastric Occult Blood		
LEGAG	Legionella Urine Antigen		
SPAG	S. pneumonia Urine Antigen		
PLEASE NOTE SOURCE		SOURCE	
MYCOLOGY			
FC	Fungal Culture (skin, hair, nail)		
FCB	Fungal Culture Blood		
FCBF	Fungal Culture (bottles)		
FCO	Fungal Culture (CSF, genital, resp, throat, wound, stool, misc)		
FSM	Fungal Smear		
KOH	KOH Smear for Fungus (skin, hair, nail)		
PLEASE NOTE SOURCE		Physician Signature _____ Date / Time _____	

