



A Member of Centralus Health
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CHECK IF STAT ☐

MICROBIOLOGY LABORATORY REQUISITION/ORDER

NAME:		Gender: ☐ M ☐ F ☐ Other _____	
DOB:	LOCATION:	Send Copies To:	
ADDRESS:	PROVIDER:	CHART OR DOWNTIME LABEL: (Preferred)	
COLLECTOR:	DATE & TIME OF COLLECTION:	DOWNTIME ACCN:	EPIC ACCN:
			RESULTS ENTERED BY:
Diagnosis:		Ins Subscriber: _____ Subscriber ID #: _____	
CULTURE w/ SENSITIVITY When Indicated		MYCOLOGY	
LAB266	Acid Fast Smear w/ Reflex to Culture	LAB240	Fungal Culture Skin, Hair, Nails
LAB233	Anaerobic Culture w/ Gram Stain	LAB251	KOH Prep
LAB267	Bronchial Culture w/ Gram Stain	LAB4305	Fungal Culture Misc Sources w/ smear
LAB462	Blood Culture w/ Reflex to Rapid ID/Sensi	LAB242	Fungal Culture, Blood
LAB4308	Body Fluid Culture (bottles) w/ Gram Stain (as applicable)	LAB4306	Fungal Culture Body Fluid (bottles)
LAB269	Comprehensive Body Fluid Culture (Aerobic & Anaerobic) w/ Gram Stain	**PLEASE NOTE SOURCE**	
LAB231	Environmental Culture (cath tip, device, IUD, foreign body) w/ Gram Stain (as applicable)	RAPID RESPIRATORY TESTS	
LAB268	CSF Culture w/ Gram Stain	LAB20084	COVID/FLU/RSV RT-PCR
LAB942	Ear Culture w/ Gram Stain	LAB10029	Rapid COVID-19 Molecular (1 hour stability)
LAB943	Eye Culture w/ Gram Stain	LAB9024	Rapid Influenza A/B Molecular
LAB229	Nasal Culture (includes sinus) w/ Gram Stain (as applicable)	LAB1948	MRSA Nasal PCR
LAB4300	Extended Incubation Culture (C. Acnes) w/ Gram Stain	LAB495	Rapid RSV Molecular
LAB4303	Rectal Strep Culture	LAB885	Rapid Strep A Molecular
LAB900	Sputum Culture w/ Gram Stain	**PLEASE NOTE SOURCE**	
LAB228	Throat Culture Comprehensive (Strep A, Arcanobacterium, Yeast, Predominating Organism)	STOOL	
LAB271	Comprehensive Tissue Culture (Aerobic & Anaerobic) w/ Gram Stain	LAB253	C.difficile PCR (w/ Reflex C.difficile toxin)
LAB239	Urine Culture: ☐ Random ☐ Clean Catch ☐ Straight Cath ☐ Indwelling Cath ☐ Other _____	LAB1727	iFOB/FIT Fecal Occult Blood
LAB503	Wound Culture w/ Gram Stain	LAB694	Stool Occult Blood (Hemocult SENA card)
LAB4301	Comprehensive Wound Culture (Aerobic & Anaerobic) w/ Gram Stain	LAB443	Rotavirus Antigen Stool
PLEASE NOTE SOURCE		LAB223	Stool Culture (Salmonella, Shigella, Campylobacter, Yersinia, Aeromonas, Plesiomonas, Shiga-toxin producing E. coli)
GENITAL		LAB731	Fecal Lactoferrin (Stool WBC)
LAB3358	GC/Chlamydia NAA	LAB1289	Vibrio Culture, Stool
LAB53211	Trichomonas Vaginalis NAA	LAB258	Giardia/Cryptosporidium Antigen
LAB261	Mycoplasma Genitalium, NAA	LAB955	Ova and Parasite, Microscopy, F
LAB10017	Vaginitis (BV/Candida/Trich) Panel NAA	ADDITIONAL TESTS / INFORMATION	
LAB1334	Vaginal (GC/CHL/BV/Candida/Trich/MGEN) Panel, NAA		
LAB465	Genital Culture w/ Gram Stain when indicated per source		
LAB1377	Group B Strep Screen PCR w/ Reflex Culture Patient Penicillin Allergic/Sensitivities Required ☐ Y or ☐ N		
PLEASE NOTE SOURCE			
MISCELLANEOUS		SOURCE	
LAB923	Bordetella, PCR, Varies		
LAB4315	H Pylori Gastric BX		
LAB6695	Gastric Occult Blood		
LAB886	Legionella Antigen, Urine		
LAB8778	S. pneumonia Urine Antigen		
PLEASE NOTE SOURCE		Provider Signature _____ Date / Time _____	

