

Submitter and Provider Information **REQUIRED			Patient Information **REQUIRED		
Epic ID**	Institution or Epic Submitter Name**		Last Name**	First Name**	MI**
Phone**	Fax**		Sex**	Date of Birth (DOB)**	Phone
Address			Patient Address**		
City	State	Zip	City**	State**	Zip**
Authorizing Provider Name and NPI (printed)**			Billing Options** Include copy of face sheet if Corewell Health is billing patient directly		
Fax # if different			<input type="checkbox"/> Patient Insurance (Patient Bill) <input type="checkbox"/> Patient Self-Pay (Patient Bill) <input type="checkbox"/> Institutional Guarantor or Other† (Lab still pick patient bill)		
Ordering Provider Name and NPI (printed, if different from above)			Primary Insurance or Guarantor Name**		Policy # or Guar ID** Group ID #
Fax # if different			Insurance or Guarantor Address		
Additional Reports to Name (CC)			Insured's name		
Fax			Insured's DOB		Relation to Pt.
Additional Reports to Name (CC)			Fax		

Note: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. Be certain the patient has signed the Advanced Beneficiary Notice (ABN) CMS-R 131 as needed. Please attach all patient and insurance information to this order.

****Provider Signature Required** Submitting a specimen with this requisition form indicates familiarity and agreement with applicable Reference Laboratory Services Policies.

Signature** Order Date**

Order and Collection Information - **REQUIRED				
ICD 10 Codes or Diagnosis **	Order Expire Date	Date Collected**	Time Collected**	Collector name and phone
	Collection, Order or Patient Prep Instructions			Priority
				<input type="checkbox"/> STAT

LAB # ✓ Blood	LAB # ✓ GENITAL	Molecular Diagnostics
246 <input type="checkbox"/> Blood Culture AFB 462 <input type="checkbox"/> Blood Culture Peripheral (Bacterial) 242 <input type="checkbox"/> Blood Culture Fungal 255 <input type="checkbox"/> CMV Culture (Na Heparin) 9170 <input type="checkbox"/> Herpes Simplex PCR (EDTA) 1230830 <input type="checkbox"/> Microfilaria/Trypanosome Parasite Exam (EDTA)	*Body Site: ESwab Collection 3615 <input type="checkbox"/> Gram Stain for Bacterial Vaginosis/Yeast 3417 <input type="checkbox"/> Group B Strep PCR (GBS PCR) 3527 <input type="checkbox"/> Group B Strep PCR (Penicillin allergy) 3488 <input type="checkbox"/> Group A Strep Culture (vaginal/cervix) 240 <input type="checkbox"/> Fungal Culture (yeast) w/stain STD Collection Kit (InTray media) 235 <input type="checkbox"/> Gonococcus (Gonorrhea) Culture UTM Viral Transport Media Tube 9440 <input type="checkbox"/> Mycoplasma/Ureaplasma Culture WOUND/FLUID/TISSUE Source: * Note: Susceptibilities routinely performed if warranted Aerobic Culture 211191 <input type="checkbox"/> Wound Culture w/Gram Stain (ESwab) 2111016 <input type="checkbox"/> Body Fluid Culture (2 mL or less, indicate priority of testing) (Eswab) 2111016 <input type="checkbox"/> Body Fluid Culture (2 mL or more) (sterile container) 2111173 <input type="checkbox"/> Tissue Culture w/Gram Stain (sterile container) 268 <input type="checkbox"/> Spinal Fluid Culture w/Gram Stain (sterile container) Anaerobic Culture 233 <input type="checkbox"/> Anaerobic Culture (ESwab, tissue, or fluid) Other ESwab tests 3387 <input type="checkbox"/> Staph aureus Screen (surgery prescreen) 234 <input type="checkbox"/> MRSA Screen Culture (nasal, surveillance only) 1231076 <input type="checkbox"/> MRSA Screen PCR (nasal, surveillance only) Other Sterile collection container tests 8770 <input type="checkbox"/> AFB Culture with smear 2111060 <input type="checkbox"/> Fungal Culture (Hair, Skin, Nail) w/fungal stain 240 <input type="checkbox"/> Fungal Culture (Not Hair, Skin, Nail) w/fungal stain 7790 <input type="checkbox"/> Cryptococcus Antigen, CSF 8620 <input type="checkbox"/> Enterovirus PCR, CSF 224 <input type="checkbox"/> Foreign Body Culture (Catheter/device culture) 226 <input type="checkbox"/> Sterility Fluid Culture (non-patient fluid) UTM Viral Transport Media Tube 255 <input type="checkbox"/> CMV Culture 9170 <input type="checkbox"/> Herpes Simplex PCR (Swab) 1230844 <input type="checkbox"/> Varicella Zoster Virus (VZV) PCR, Swab Miscellaneous 248 <input type="checkbox"/> Pinworm Exam (Clear Tape or Paddle Prep) 2111126 <input type="checkbox"/> Macroscopic Exam, Parasite (worm, tick, insect) 2111304 <input type="checkbox"/> Microscopic Exam (i.e. scabies) Isolated Organism 4003 <input type="checkbox"/> Microbiology Organism Identification Reference 4004 <input type="checkbox"/> Microbiology Organism Susceptibility Reference Additional Information:	Alinity m Multi-collect or Sterile cup Source: <input type="checkbox"/> First Void Urine - Sterile cup <input type="checkbox"/> First Void Urine - Alinity m Multi-collect tube <input type="checkbox"/> Genital Swab - Alinity m Multi-collect tube 1230890 <input type="checkbox"/> STI Panel PCR 1230885 <input type="checkbox"/> Chlamydia/Gonococcus PCR 1230886 <input type="checkbox"/> Chlamydia PCR 1230887 <input type="checkbox"/> Gonococcus PCR 1230889 <input type="checkbox"/> Mycoplasma Genitalium PCR 1230888 <input type="checkbox"/> Trichomonas PCR Blood 3496 <input type="checkbox"/> Adenovirus Quantitative 9130 <input type="checkbox"/> CMV Quantitative PCR 3407 <input type="checkbox"/> EBV DNA Quantitative PCR 9510 <input type="checkbox"/> Hepatitis B Virus DNA Quantitative by PCR 8870 <input type="checkbox"/> Hepatitis C Virus RNA Quantitative by RT-PCR 9150 <input type="checkbox"/> Hepatitis C Genotype w/Amplification 3620 <input type="checkbox"/> HIV 1 RNA Quantitative PCR Additional Testing Specimen Type: Source: Body Site: Test:
LAB # ✓ Urine Source * <input type="checkbox"/> Catheter <input type="checkbox"/> CCMS <input type="checkbox"/> Void <input type="checkbox"/> Urine culture kit (gray) 239 <input type="checkbox"/> Urine Culture (w/susceptibility if ind.) 8860 <input type="checkbox"/> Legionella Antigen 3672 <input type="checkbox"/> Streptococcus Pneumoniae Antigen 8770 <input type="checkbox"/> AFB Culture w/Smear 2111304 <input type="checkbox"/> Microscopic Examination for Schistosoma Stool/Feces *PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS: *Foreign residence or travel followed by 2 wks of diarrhea? *Immunocompromised status? *Unexplained microcytic anemia or peripheral eosinophilia? *Unique exposure Stool Collection Kit (fill all 3 vials) 3618 <input type="checkbox"/> Enteric Pathogens by PCR 2111447 <input type="checkbox"/> Clostridium difficile Toxin (Liquid Stools Only) 258 <input type="checkbox"/> Giardia / Cryptosporidium Screen 880 <input type="checkbox"/> H. Pylori Antigen, Stool 9550 <input type="checkbox"/> Ova & Parasites Complete 3647 <input type="checkbox"/> Lactoferrin, Fecal 2111005 <input type="checkbox"/> Adenovirus antigen, stool 238 <input type="checkbox"/> VRE Screen (stool, perianal swab) 3245 <input type="checkbox"/> Cyclospora Stain, Stool (Send out to reference lab) 3537 <input type="checkbox"/> Microsporidia PCR, Stool (Send out to ref lab) Rectal Swab 3381 <input type="checkbox"/> Ciprofloxacin Resistant Enteric Screen (rectal swab) THROAT/RESPIRATORY *Body Site: Nasopharyngeal (NP) Swab UTM 3255 <input type="checkbox"/> Influenza A/B PCR 9520 <input type="checkbox"/> Bordetella pertussis PCR 1230607 <input type="checkbox"/> COVID 19 PCR 1230746 <input type="checkbox"/> COVID 19, Flu A, Flu B, RSV PCR (4-Plex) Bronchoalveolar Lavage (BAL) 2111157 <input type="checkbox"/> Quantitative Respiratory Culture 3657 <input type="checkbox"/> Pneumocystis Stain Throat Swab ESwab 8850 <input type="checkbox"/> Strep A Rapid (Screen) 2111321 <input type="checkbox"/> Strep A Screen, Culture if Negative 228 <input type="checkbox"/> Group A Strep Throat Culture (Beta Strep A scrn) Various (Body Site REQUIRED) 8770 <input type="checkbox"/> AFB Culture with smear 240 <input type="checkbox"/> Fungal Culture (sputum, BAL, brush) 1231036 <input type="checkbox"/> Respiratory Culture (sputum, throat, sinus, ear) 2111162 <input type="checkbox"/> Cystic Fibrosis Respiratory Culture (sputum) 255 <input type="checkbox"/> CMV Culture 9460 <input type="checkbox"/> Herpes Simplex Viral Culture 9020 <input type="checkbox"/> Legionella Culture 476 <input type="checkbox"/> Legionella by DFA		

*Answer required for specific testing. **Information Required for Valid Order. †Client Bill Account must be set prior to ordering client bill testing.

Not all tests are listed, please review corewellhealth.testscatalog.org for all tests, codes, panel and reflex information, collection instructions and clinical information.

CHRLW Microbiology Testing 2024.5 White - Lab Yellow - Provider LABEL ALL SPECIMENS W/2 PATIENT IDENTIFIERS (Name and DOB)

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.