

Mycobacteriology Requisition

1. PATIENT INFORMATION			
Patient Name (Last, First)			DOB ____ / ____ / ____
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral/Other <input type="checkbox"/> Unknown			
Address		City	State Zip
Phone			
2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY		3. REPORT DELIVERY INFORMATION	
National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.		<input type="checkbox"/> Same as Billing Address	
Client ID		Client ID	
Client Name		Client Name	
Address		Address	
City State Zip		City State Zip	
Phone		Phone Secure Fax	
Secure Fax		<input type="checkbox"/> Duplicate Report Requested Attn	
		Phone Secure Fax	
4. SUBMISSION INFORMATION			
Submitter Specimen ID			
Actual specimen collection date		<input type="checkbox"/> Cystic fibrosis patient <input type="checkbox"/> History of <i>Pseudomonas</i> sp.	
<input type="checkbox"/> Environmental (contact lab prior to collection). Specify source		<input type="checkbox"/> Veterinary Specify animal	
Submitter's Name		Phone	
5. CULTURE & IDENTIFICATION			
Isolate			
Submitter's organism name		<input type="checkbox"/> Full identification needed AFB4	
Medium sent: <input type="checkbox"/> Liquid <input type="checkbox"/> Solid Specify media _____		<input type="checkbox"/> Full identification from partial identification AFB4 <small>(includes <i>M. abscessus</i> subspeciation; MAC, MTBC speciation)</small>	
<input type="checkbox"/> MTB complex has already been ruled out		<input type="checkbox"/> None requested (Not recommended for <i>M. abscessus</i> & <i>M. avium</i> complex) NOID	
Specimen (Swabs NOT recommended)			
<input type="checkbox"/> Smear, TB NAAT, culture, identification AFB1		Add on options:	
<input type="checkbox"/> Smear, culture, identification (if low suspicion for TB) AFB3		<input type="checkbox"/> TB PCR screen AFB2	
<input type="checkbox"/> Smear, culture & identification for TB only VETCX		<input type="checkbox"/> Quantitative Culture AFCFU <small>(by serial dilution)</small>	
<input type="checkbox"/> Smear and culture only (uncommon request) AFB7		Source: <input type="checkbox"/> BAL <input type="checkbox"/> Sputum <input type="checkbox"/> Induced sputum	
<input type="checkbox"/> Culture and identification (environmental only) ENVCX		<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> CSF <input type="checkbox"/> Fresh tissue	
		<input type="checkbox"/> Fixed (FFPE) tissue (MTB NAAT only)	
		Tissue source _____	
		Suspected Organism _____	
		Other _____	
6. ANTIMICROBIAL SUSCEPTIBILITY TESTING			
<input type="checkbox"/> Appropriate phenotypic susceptibilities and resistance gene testing (recommended). Charges only applied to relevant testing			APPRO
<input type="checkbox"/> Appropriate resistance gene testing. Charges only applied to relevant testing.			AFB6
<input type="checkbox"/> Appropriate phenotype testing only (<i>not recommended</i>)			PHENO
<input type="checkbox"/> Customized phenotypic susceptibilities (please circle from the following): Slow Growers: AMK, AZM, CAP (Varies by organism), CIP, CLO, CLR, DOX, EMB, ETH, KAN, LVX, LZD, MIN, MXF, OFX, RFB, RIF, RIF/EMB synergy, STR, TMP/SXT			NTM3
Rapid Growers: AMK, AUG, AXO, AZM, CIP, CLO, CLO/AMK synergy, CLR, DOX, FEP, FOT, FOX, GEN, IPM, KAN, LZD, MIN, MXF, OMC, TGC, TOB, TMP/SXT			NTM5
MTB complex: AMK, AZM, CAP, CIP, CLO, CLR, CS, EMB, ETH, INH, KAN, LVX, LZD, MXF, OFX, PAS, PZA, PZA w/ MIC, RFB, RIF, STR			MTB6
<input type="checkbox"/> Partial acid fast (e.g., <i>Gordonia</i> sp.): AMK, AUG, AXO, AZM, CIP, CLO, CLR, DOX, FEP, FOT, FOX, GEN, IPM, KAN, LZD, MIN, MXF, TGC, TOB, TMP/SXT, CLO/AMK synergy			NTM4
<input type="checkbox"/> None requested			NOSUS
For information on these abbreviations, please visit this link: https://www.nationaljewish.org/ast-abbreviations			
7. ADDITIONAL RESEARCH TESTING NEEDED		INTERNAL USE ONLY	
<input type="checkbox"/> NTM whole genome sequencing/Biorepository CF Registry number _____		<input type="checkbox"/> TB expression panel (prior consultation required) Project number _____	
<input type="checkbox"/> NTM whole genome sequencing (prior consultation required) Project number _____		<input type="checkbox"/> Custom genome assay (prior consultation required) Project number _____	