

Hospital Laboratory Requisition Form

Bronchoscopy/Pulmonology

Patient label may be placed below.	
PATIENT	Legal Name (Last, First Middle Initial):
	HRN:
	Date of Birth (Month/Day/Year):
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Patient Location or Ward:
PROVIDER	Ordering Provider (Last Name, First Name, Middle Initial):
	NPI:
	Contact Phone Number (Required):

COLLECTION	Results Reported To: (Location/Department/Floor)	Phone:	Fax (if available):	
	Collector Name and NUID:	Collection Date:	Collection Time:	
	Clinical Diagnosis/History:			
	Total Number of Specimens Collected:			
SOURCE	Specimen Number:	Specimen Number:	Specimen Number:	
	Site of Specimen Collection:	Site of Specimen Collection:	Site of Specimen Collection:	
	Specimen Type: <input type="checkbox"/> Bronchial Brushing <input type="checkbox"/> Bronchoalveolar Lavage (BAL) <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> Endobronchial Biopsy <input type="checkbox"/> Transbronchial Biopsy <input type="checkbox"/> Transbronchial Needle Aspiration <input type="checkbox"/> Lung Tissue <input type="checkbox"/> Other:	Specimen Type: <input type="checkbox"/> Bronchial Brushing <input type="checkbox"/> Bronchoalveolar Lavage (BAL) <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> Endobronchial Biopsy <input type="checkbox"/> Transbronchial Biopsy <input type="checkbox"/> Transbronchial Needle Aspiration <input type="checkbox"/> Lung Tissue <input type="checkbox"/> Other:	Specimen Type: <input type="checkbox"/> Bronchial Brushing <input type="checkbox"/> Bronchoalveolar Lavage (BAL) <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> Endobronchial Biopsy <input type="checkbox"/> Transbronchial Biopsy <input type="checkbox"/> Transbronchial Needle Aspiration <input type="checkbox"/> Lung Tissue <input type="checkbox"/> Other:	
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TEST	Test Requested: Note: Bold tests should be ordered in EPIC. <input type="checkbox"/> Acid Fast Bacilli (AFB) Culture and Smear (C AFG) 87116E <input type="checkbox"/> Albumin, Body Fluid 82042A <input type="checkbox"/> Body Fluid Cell Count with Reflex Differential 89050Q <input type="checkbox"/> Cytomegalovirus (CMV), Body Fluids, Qualitative, NAA 87496J <input type="checkbox"/> Bacterial Culture and Gram Stain <input type="checkbox"/> Aspiration (C Abscess/Aspirate) 237845 <input type="checkbox"/> Bronch Brushing (C BAL) 87071E <input type="checkbox"/> Bronch Lavage (C BAL) 87071E <input type="checkbox"/> Bronch Wash (C RESPIRATORY) 87070F <input type="checkbox"/> Tissue or Biopsy (C Tissue) 221268 <input type="checkbox"/> Cytogenetics <input type="checkbox"/> Flow Cytometry (Flow Track BKR) 266543 <input type="checkbox"/> Fungal Culture (BAL, Sputum, Tissue, Aspirate) 87102N <input type="checkbox"/> Herpes Simplex Virus by PCR 87529A <input type="checkbox"/> Legionella DNA, Qualitative, RT PCR 264583 <input type="checkbox"/> Mycobacteria PCR (Sputum and BAL) 247459[*These specimens should also have AFB Smear and Culture ordered.] <input type="checkbox"/> Mycoplasma pneumoniae by PCR 87581A <input type="checkbox"/> Nocardia species Screen Culture 87081ZAG <input type="checkbox"/> Non-Gynecologic Cytology 262849 <input type="checkbox"/> Pneumocystis jirovecii by PCR 87998BS <input type="checkbox"/> Respiratory Pathogen Panel (16 viruses, 2 bacteria) 258883 <input type="checkbox"/> Surgical Pathology 262925 <input type="checkbox"/> Other:	Test Requested: Note: Bold tests should be ordered in EPIC. <input type="checkbox"/> Acid Fast Bacilli (AFB) Culture and Smear (C AFG) 87116E <input type="checkbox"/> Albumin, Body Fluid 82042A <input type="checkbox"/> Body Fluid Cell Count with Reflex Differential 89050Q <input type="checkbox"/> Cytomegalovirus (CMV), Body Fluids, Qualitative, NAA 87496J <input type="checkbox"/> Bacterial Culture and Gram Stain <input 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