

Mycobacteriology Diagnostics Requisition

1. PATIENT INFORMATION			
Patient Name (Last, First)		<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB ____/____/____ CF Patient Registry No.
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.		Client ID	
Client ID		Account Name	
Account Name		Address	
Address		City	State Zip
City State Zip		Phone	Secure Fax
Phone Fax		Duplicate Report Request	Attn:
Phone		Phone	Secure Fax
4. SPECIMEN/ISOLATE INFORMATION			
Submitted By		Phone	
Specimen Source (Required)		Isolate Submission Medium(Required)	
<input type="checkbox"/> BAL <input type="checkbox"/> CSF <input type="checkbox"/> Sputum <input type="checkbox"/> Sputum (induced) <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Tissue (specify) _____ <input type="checkbox"/> Processed specimen (specify) _____ <input type="checkbox"/> Cystic Fibrosis (CF) patient History of <i>Pseudomonas sp?</i> Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Environmental sample <b>Contact laboratory before collection.</b> <input type="checkbox"/> Veterinary sample (specify animal) _____ <input type="checkbox"/> Other (specify) _____ <b>Swabs not recommended for recovery of AFB organisms—tissue or aspirate is desired.</b>		<b>Liquid</b> <input type="checkbox"/> Aliquot _____ mL <input type="checkbox"/> 7H9 broth <input type="checkbox"/> MGIT broth <input type="checkbox"/> Bact/ALERT broth <input type="checkbox"/> VersaTrek broth <input type="checkbox"/> Other (specify) _____ <b>Solid (Plates or biplates are not accepted)</b> <input type="checkbox"/> 7H10 slant <input type="checkbox"/> 7H11 slant <input type="checkbox"/> Lowenstein-Jensen slant <input type="checkbox"/> Other (specify) _____	
Submitter Identification of AFB _____		MTB complex previously ruled out? Y <input type="checkbox"/> N <input type="checkbox"/>	
Actual Specimen Collection Date (Required) _____		Submitter Specimen # (Required) _____	
Identification must be provided for isolates when AST only is ordered. If identification is not provided, identification will be performed and billed accordingly.			
5. MOLECULAR, MICROSCOPY, GROWTH DETECTION AND ISOLATE IDENTIFICATION			
<input type="checkbox"/> AFB1	Acid-fast Bacilli (AFB) Smear & Culture (clinical specimen only) NAAT on first specimen or by request for subsequent specimen. If AFB smear and NAAT are positive, MTB1 (DIRECT) and MTB4 will be performed.	<input type="checkbox"/> AFB3	Acid-fast Bacilli (AFB) Smear & Culture (NTM) (clinical specimen only)
<input type="checkbox"/> AFB2	Nucleic Acid Amplification Test (NAAT)(clinical specimen only)	<input type="checkbox"/> AFB4	Acid-fast Bacilli (AFB) Identification
<input type="checkbox"/> AFB5		<input type="checkbox"/> AFB5	Differentiation <i>within M. abscessus group</i>
6. MTB COMPLEX ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST) AND MTB SPECIES IDENTIFICATION			
<input type="checkbox"/> MTB1	10-Drug agar proportion method (INH, RIF, EMB, ETH, STR, CAP, KAN, AMK, CS, PAS)	<input type="checkbox"/> MTB4	Molecular multidrug-resistant (MDR) TB Screen
<input type="checkbox"/> MTB2	First-Line Drugs: isoniazid, rifampin, ethambutol & pyrazinamide. If resistant, a 10-drug agar proportion test (MTB1) will be performed.	<input type="checkbox"/> MTB5	Molecular extensively drug-resistant (XDR) TB Screen
<input type="checkbox"/> MTB3	Pyrazinamide MIC (individual test)	<input type="checkbox"/> MTB6	Single-Drug MIC (circle) (INH, RIF, EMB, ETH, STR, CAP, KAN, AMK, CS, PAS, MXF, LVX, LZD, OFX, CLF, CIP, AZM, CLR, RFB)
<input type="checkbox"/> MTB7		<input type="checkbox"/> MTB7	MTB Complex Species Identification
7. NTM ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST)			
Slowly Growing NTM		Rapidly Growing NTM	
<input type="checkbox"/> NTM10	10-Drug MIC: includes rifampin/ethambutol combo (CLF, CIP, MXF, AMK, STR, RFB, LZD, CLR, RIF, EMB)	<input type="checkbox"/> NTM4	15-Drug MIC: includes Clofazimine/Amikacin combo (AMK, KAN, TOB, FOX, IPM, CIP, DOX, MXF, TGC, CLR, AZM, AUG, SXT, LZD, CLF, CLF/AMK)
<input type="checkbox"/> NTM9	Rifampin/Ethambutol combo (includes RIF and EMB single drug MIC)	<input type="checkbox"/> NTM5	Single-Drug MIC (circle) (AMK, KAN, TOB, FOX, IPM, CIP, DOX, MXF, TGC, CLR, AZM, AUG, SXT, LZD, CLF, AMK/CLF, GEN, CRO, FEP, CTX, MIN)
<input type="checkbox"/> NTM3	Single-Drug MIC (circle) (RIF, EMB, CIP, MXF, AMK, LZD, CLR, CLF, RFB, STR, ETH, LVX, AZM, OFX, KAN, CS)	<input type="checkbox"/> NTM6	20-Drug MIC: includes Clofazimine/Amikacin combo (for human AND veterinary use) (AMK, KAN, TOB, FOX, IPM, CIP, DOX, MXF, TGC, CLR, AZM, AUG, SXT, LZD, CLF, CLF/AMK, GEN, CRO, FEP, CTX, MIN)
8. SPECIAL INSTRUCTIONS			
<input type="checkbox"/> Appropriate antimicrobial susceptibility testing (AST)		<input type="checkbox"/> Isolation of mycobacteria from contaminated or impure specimens	
INTERNAL USE ONLY			
Received By	Date	Account#	MRUN Accession