Dartmouth-Hitchcock

Department of Pathology and Laboratory Medicine
One Medical Center Drive
Lebanon, NH 03756-0001
(603) 650-2200

*Required Fields

Microbiology-outreach

***Patient Full Legal Name (first and last)**

***DH MRN**

Referring Identifier:

Copy To:

***Date** / /

***Collection Date and Time:**

*Ordering Provider (signature):

*Ordering Provider (print):

***Sex**: Female ☐ Male ☐

Patient Type ☐ Inpt ☐ Outpt

*Location:

Skilled Nursing Facility: Yes ☐ No ☐

*Billing Provider (signature):

*Billing Provider (print):

PATIENT ID CONFIRMED & SPECIMEN COLLECTED BY - SIGNATURE:

*DIAGNOSIS/Reason for Testing (REQUIRED) / ICD-10:

***BOTH SOURCE AND TEST MUST BE SELECTED**

BLOOD

Source	Test
☐ Peripheral (site)_____	☐ Blood Culture (BD BacTec Set)
☐ Line (site)_____	☐ Yeast Culture (Extend 7 days)

FLUID/WOUND/TISSUE

Source	TEST
☐ Skin Superficial	☐ Routine Culture/Gram Stain
☐ Abscess/Deep Wound	☐ Anaerobic Culture
Specify Source_____	☐ Fungus Culture

GASTROINTESTINAL

Source

☐ Stool
☐ Other:_____

Test

☐ + Enteric Pathogens Culture (C&S transport required) includes:Yersinia, E.coli 0157,Salmonella,Shigella, Campylobacter Antigen & Shiga Toxin Antigen
☐ + Enteric Pathogens,Other: Specify:_____
☐ * Giardia/Cryptosporidium Screen (parapack)
☐ * Ova and Parasite (parapak) Travel history required_____
☐ # Fecal WBC (clean cup)
☐ # C.difficile Screen (clean cup)
☐ # H. Pylori Antigen (clean cup)
☐ Pinworm (Tape prep/paddle)
☐ #Parasite ID (tick, worms)

GI Transport Media Key
+ C&S Transport
* Para-pak
# Clean Cup

GENITAL SPECIMENS

Source	TEST
☐ Cervix	☐ Aerobic Culture
☐ Urethra	☐ BV Rapid Test
☐ Vaginal	☐ Yeast Culture
☐ Other:_____	☐ *GC Gene Amplification
*must be send in Aptima transport tube	☐ *Chlamydia Gene Amplification
	☐ *Trichomonas Gene Amplification

N39.41 Urge incontinence	R39.15 Urgency of urination
R39.89 Other symptoms of urinary system	R19.7 Diarrhea, Unspec.
N39.0 UTI, not specified	Z79.2 Long term use of antibiotics
R31.9 Hematuria, unspecified	R19.7 Diarrhea
R1.0 Gross Hematuria	K92.2 G.I. Bleeding
R30.0 Dysuria	K52.9 Gastroenteritis
R35.0 Urinary Frequency	K62.5 Rectal Bleeding
R32 Incontinence	K92.1 Blood in Stool
N28.9 Renal Insufficiency, Acute	J02.0 Streptococcal sore throat
N18.9 Renal Insufficiency, Chronic	J02.9 Pharyngitis
N34.1 Urethritis	J01.90 Sinusitis, Acute
R35.0 Urinary Frequency	J32.9 Sinusitis, Chronic
R33.9 Urinary Retention	J40 Bronchitis

URINE

Source	TEST
☐ Clean Voided	☐ Routine Culture (aerobic)
☐ Indwelling Catheter	☐ Legionella Antigen
☐ Nephrostomy Tube	☐ Chlamydia Gene amplification
☐ Straight Catheter (in/out)	☐ GC Gene Amplification
☐ Other: _____	☐ Trichomonas Gene Amp

Lower Respiratory

Source	TEST
☐ Sputum, Expectorated	☐ Routine Culture (aerobic) & Gram Stain
☐ Sputum, Induced	☐ Fungus Culture
☐ Tracheal Aspirate	☐ Mycobacterium (AFB) Culture & Stain
☐ Other:_____	

Upper Respiratory

Source	TEST
☐ Nasopharynx	☐ Aerobic Culture & Gram Stain
☐ Nasopharyngeal Wash	
☐ Nasopharyngeal Aspirate	
☐ *Nasopharyngeal Aspirate	☐ Influenza A & B PCR
☐ *Nasopharyngeal washing	☐ Influenza A & B and RSV PCR
*Must be send in viral transport media	
☐ Throat	☐ Group A Strep Antigen
	☐ Strep screen culture
	☐ GC Culture (E-swab required)
	☐ Yeast Culture
☐ Ear, External Canal	☐ Aerobic Culture/Gram Stain
	☐ Fungus Culture

Other Test

Source	Test
☐ Stool	☐ Norovirus Antigen (sent to state lab)

R05 Cough	C44.201 ear & external auditory canal, unspec
J45.909 Asthma	C44.509 trunk, except scrotum
R10.9 Abdominal Pain, unspec.	C44.601 upper limb including shoulder
D17.0 skin and subcutaneous tissue of face	L03.115 Cellulitis of Right lower extremity
S21.209A Open wound of back, no complication	
B95.8 Unspecified Staph. infection	L97.909 Ulcer of lower limb unspecified
L73.9 Non-specific lesion of skin	L30.9 Dermatitis
D21.0 head, face and neck	L29.9 Itchiness
D21.4 abdomen	R21 Rash
D21.5 pelvis	L98.9 Skin Lesions
D21.6 trunk; unspecified	R50.9 Fever
L03.116 Cellulitis of left lower extremity	R53.81 Malaise
D17.39 other skin and subcutaneous tissue	R53.83 Fatigue
C44.40 Scalp and skin of neck	A64 Venereal disease, unspecified
C44.00 skin of lip	N75.0 Cyst of Bartholin's gland
L02.91 Abscess	N76.0 Vaginitis & Vulvovaginitis, unspecified
L03.90 Cellulitis	L29.2 Vulvar Itching
L89.90 Decubitis Ulcer, Unspec.	N76.0 Vaginitis, unspec.

SEND ALL SPECIMENS TO MICROBIOLOGY VIA COURIER H-2570 1/2016