



Laboratory Medicine

410X-Form-XXXX
DD/Month/YYYY

Microbiology & Public Health Laboratory Computer Downtime Requisition

Lab Specimen # _____

DATE OF COLLECTION _____ PATIENT'S NAME _____

TIME OF COLLECTION _____ ADDRESS/WARD _____

ORDERING PHYSICIAN _____ MCP or HOSP # _____

COLLECTED BY _____ AGE: ____ SEX: ____ DATE OF BIRTH: _____

A Patient Information:		Antibiotics in use: _____
Diagnosis: _____		_____
Immunocompromised? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
B Type of Specimen	(Please check appropriate box(es))	Wounds:
Sterile Body Fluids	Respiratory	Site: _____
____ Blood (Specify site) _____	____ Expectorated Sputum	
____ Fluid (Specify) _____	____ Tracheal Aspirate (intubated)	____ Aspirate ____ Biopsy ____ Drainage
	____ Bronchoscopy	____ Tissue ____ Other
	____ Throat Swab	
Urine:	____ Nasal Swab	Collected by invasive method? ____ Yes ____ No
____ Clean Catch (Midstream)	Urogenital	Other samples / Comments:
____ In\Out Catheter	____ Urethral Swab	_____
____ Indwelling Catheter	____ Cervical Swab	_____
____ Cystoscopy	____ Vaginal Swab	_____
	____ Vaginal/Rectal (Group B Strep)	
C Test Requested	____ C&S	____ TB
____ Virus (Please specify)	____ Other (Please specify)	____ O&P
____ Serology (Please specify)		____ Fungus