

1. PATIENT INFORMATION			
Patient Name (Last, First)		<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB ____/____/____
Cystic Fibrosis (CF) Patient	<input type="checkbox"/> Y <input type="checkbox"/> N	History of <i>Pseudomonas</i> sp.?	<input type="checkbox"/> Y <input type="checkbox"/> N
		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.		Attention	
		Account Name	
Account Name		Address	
Address		City	State      Zip
City	State	Zip	<input type="checkbox"/> Duplicate Report Requested
Billing Contact		Name	
PO #	Account #	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 (expectorated) <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"/> 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) _____ <input type="checkbox"/> Isolation of Mycobacterium from a contaminated or impure culture	
Submitter Identification of AFB _____		<i>M. tuberculosis</i> complex previously ruled out? <input type="checkbox"/> 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 testing 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"/> AFB4	Acid-fast Bacilli (AFB) Identification (Sequencing)
<input type="checkbox"/> AFB2	Nucleic Acid Amplification Test (NAAT) (clinical specimen only)	<input type="checkbox"/> AFB5	Rapid ID and molecular macrolide resistance testing for <i>M. abscessus</i> and its subspecies
6. M. TUBERCULOSIS COMPLEX ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST) AND M. TUBERCULOSIS SPECIES IDENTIFICATION			
<input type="checkbox"/> MTB1	10-Drug agar proportion method (INH, RIF, EMB, ETH, STR, CAP, KAN, AMK, CS, PAS)	<input type="checkbox"/> MTB3	Pyrazinamide MIC (individual test)
		<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"/> 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	<i>M. tuberculosis</i> 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 and AFB5* includes Clofazimine/Amikacin combo (AMK, KAN, TOB, FOX, IPM, CIP, DOX, MXF, TGC, CLR, AZM, AUG, SXT, LZD, CLF, CLF/AMK). *AFB5 will only be performed for <i>M. abscessus</i> and its subspecies
<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). *AFB5 will be performed if the organism identification is <i>M. abscessus</i> or one of its subspecies
<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 and AFB5* 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) *AFB5 will only be performed for <i>M. abscessus</i> and its subspecies
8. SPECIAL INSTRUCTIONS		9. COLORADO CYSTIC FIBROSIS RESEARCH AND DEVELOPMENT PROGRAM (CO CF RDP)	
<input type="checkbox"/> Appropriate antimicrobial susceptibility testing (AST)		<b>RESEARCH USE ONLY:</b> <input type="checkbox"/> Whole Genome Sequencing (WGS)/Biorepository complimentary for CF NTM isolates. See njhealth.org/cocfrdp. Please contact laboratory if interested in WGS for non CF patient.	

<b>INTERNAL USE ONLY</b>	Received By	Date	Billing Clinic ID	Hospital Number	Order Number
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