

Mycobacteriology Laboratory | 800.550.6227 phone | 303.270.2175 fax | njlabs.org

SHIP TO: **National Jewish Health**
Mycobacteriology Laboratory
1400 Jackson Street
Denver, CO 80206

Mycobacteriology Requisition

1. PATIENT INFORMATION													
☐ Human		☐ Animal. Specify:			☐ Environmental (contact lab prior to collection)			☐ NYS resident					
Patient Name (Last, First, Middle):							DOB:						
☐ Male		☐ Female		☐ Neutral/Other		☐ Unknown		Phone:					
Address			City			State		Zip					
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					☐ Same as Billing Address								
					Client ID								
Client ID					Client Name								
Client Name					Address								
Address					City		State		Zip				
City			State		Zip		Phone		Secure Fax				
Phone					☐ Duplicate Report Requested		Attn						
Secure Fax					Phone		Secure Fax						
4.SUBMISSION INFORMATION													
Submitter Specimen ID Number:					Specify original specimen source:								
Actual specimen collection date:					☐ Sputum ☐ FFPE Tissue (TB NAAT only). Specify source:								
Submitter Phone #:					☐ Induced Sputum								
☐ CF Patient? ☐ History of <i>Pseudomonas</i> (raw specimen)					☐ BAL ☐ Fresh Tissue. Specify source:								
☐ Other requests/special handling:					☐ Urine								
					☐ CSF ☐ Other. Specify source:								
☐ Blood													
5. CULTURE & IDENTIFICATION													
Isolate					Specimen								
☐ Liquid ☐ Solid. Specify Media:					☐ Smear, TB NAAT, culture, identification (for MTBC rule out) AFB1								
☐ A rule out of MTB complex is needed MTB7					☐ Smear, culture, identification (if low suspicion for TB) AFB3								
☐ Full Identification from unknown or partially ID'ed organism AFB4					☐ Smear, culture & identification for TB only (usually Veterinary) VETCX								
Suspected organism, if known:					☐ Smear and culture only (uncommon request) AFB7								
☐ Targeted NGS for TB & NTM + 13 TB Resistance genes TNGSI					☐ Culture and identification (environmental only) ENVCX								
☐ No ID needed (Not recommended for M. abscessus & M. avium complex) NOID					Other/addon options								
Client's Organism ID:					☐ TB PCR screen (culture add-on or for FFPE tissue) AFB2C								
					☐ Colony count (default) ☐ Quantitative Culture (uncommon) AFCFU								
					☐ Time to positivity (uncommon) CXLIQ								
					☐ Targeted NGS for TB + 13 TB Resistance genes (validated for sputum) TNGSR								
					☐ Fastidious culture. Suspected organism:								
6. ANTIMICROBIAL SUSCEPTIBILITY TESTING													
☐ Appropriate phenotypic susceptibilities & resistance gene testing (recommended for all acid/partial acid-fast orgs). (Charges only applied to relevant testing) APPRO													
☐ Appropriate resistance gene testing only. (Charges only applied to relevant testing) AFB6													
☐ Appropriate phenotype testing only (not recommended) PHENO													
☐ Customized phenotypic susceptibilities (select from the following). Antibiotics will NOT be added if they are inappropriate for the organism sent.													
SLOW GROWERS			NTM3		RAPID GROWERS			NTM5		MTB COMPLEX		MTB6	
☐ AMK ☐ CIP ☐ CLO ☐ CLR ☐ DOX ☐ EMB					☐ AMK ☐ AUG ☐ AXO ☐ AZM ☐ CIP					☐ AMK ☐ BDQ ☐ CAP ☐ CIP ☐ CLO ☐ CS			
☐ ETH ☐ LZD ☐ MIN ☐ MXF ☐ RFB ☐ RIF					☐ CLO ☐ CLO/AMK synergy ☐ CLR ☐ DOX					☐ EMB ☐ ETH ☐ INH ☐ KAN ☐ LVX ☐ LZD			
☐ RIF/EMB Synergy ☐ STR ☐ TMP/SXT					☐ FEP ☐ FOT ☐ FOX ☐ GEN ☐ IPM ☐ KAN					☐ MXF ☐ OFX ☐ PAS ☐ PZA w/MIC ☐ RFB			
					☐ LZD ☐ MIN ☐ MXF ☐ OMC ☐ TGC ☐ TOB					☐ RIF ☐ STR			
					☐ TMP/SXT								
☐ None Requested NOSUS													
For information on these abbreviations, please visit this link: https://www.nationaljewish.org/for-professionals/diagnostic-testing/advanced-diagnostic-laboratories/phenotypic-genotypic-susceptibilities										INTERNAL USE ONLY			