UPMC Vision Institute Campbell Ophthalmic Laboratory Department of Ophthalmology

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Laboratory Testing Requisition for Ophthalmic Microbiology and Virology

Register all patients and submit a paper requisition with each specimen, or electronic requisition. Immediately after patient sampling, label all collected specimens with the patient's name, date of birth, medical record number, specimen source (with indication of left or right eye), and collection date & time.

FILL OUT SECTIONS COMPLETELY & LEGIBLY. Refer to the UPMC Ophthalmic Microbiology Specimen Collection Manual for additional information on collection.

Section 1: Patient & Ordering Physician Information

Patient Name: _____

Date of Birth: _____

Gender: _____

Medical Record/Account Number: _____

Ordering Physician: _____

Hospital/Clinic Site: _____

Insurance payors, Medicare, and Medicaid will only pay for those tests which are medically necessary for the diagnosis or treatment of the beneficiary. **The ordering physician is responsible for assuring the medical necessity of tests ordered.** The Office of the Inspector General for CMS considers the ordering of medically unnecessary testing to be an abusing and/or fraudulent practice. Medical and laboratory personnel engaging in such practices are subject to administrative and legal sanctions, civil litigation, and criminal prosecution under applicable state and federal laws.

Section 2: Specimen Information

Collection Date: _____ Collection Time: _____

Specify Source: _____

Diagnosis:
- ☐ Conjunctivitis
- ☐ Blepharitis
- ☐ Keratitis
- ☐ Endophthalmitis
- ☐ Uveitis
- ☐ Other: (diagnostic code) _____

Eye involved in collection^ (indicate here and on specimen label)

☐ Left Eye ☐ Right Eye

Section 3: Differential Diagnosis	Corresponding Test
☐ External Eye Infection (**NOT** Cornea) Acceptable Sources: Conjunctiva, Lid, Lid Margin, Lacrimal duct/gland/sac, and Other.	☐ Bacterial Culture*[X] ☐ Fungal Culture*[X] (Eswab) ☐ ADV ☐ HSV ☐ VZV ☐ CMV PCR(s) (VTM/UVT Swab) ☐ Acanthamoeba (VTM/UVT Swab) ☐ Chlamydial Testing (Aptima Multitest Swab)
☐ Cornea Infection (**NOT** Donor Cornea) Acceptable Sources: Cornea (Swab only/ Scrapings Plated Bedside).	☐ Bacterial[+] & Fungal Culture*[X] (3 Agar Plates, Slide(s)), & Thioglycollate Broth, or Eswab only[!]). ☐ ADV ☐ HSV ☐ VZV ☐ CMV PCR(s) (VTM/UVT Swab) ☐ Acanthamoeba (VTM/UVT Swab)
☐ Donor Cornea/Rim	☐ Bacterial Culture * (Thioglycollate Broth)
☐ Internal Eye/Socket Infection Acceptable Sources: Anterior Chamber (Tissue), Posterior Chamber (Tissue), Iris (Tissue), Uvea (Tissue), Lens (Tissue), Choroid (Tissue), Retina (Tissue), Orbit (Tissue), Aqueous humor (Syringe/Plated Bedside), Vitreous humor (Syringe/Plated Bedside), Other Tissue. **For syringe and low volume specimens, Indicate test priority (1 being highest).** Bacterial_____ Fungal _____ Viral _____ Amoebic _____	☐ Bacterial (Aerobic & Anaerobic) and Fungal Culture*[X] (3 Agar Plates, 1 Agar Plate w/Gas Pack, Slide(s)) ☐ ADV ☐ HSV ☐ VZV ☐ CMV PCR(s) (VTM/UVT Swab) ☐ Acanthamoeba (VTM/UVT Swab) **--Tissue should be submitted in a sterile container--** **--Syringe specimens may be submitted w/o plating--** Notes (additional specimen/testing information): _____
☐ Foreign Body Acceptable Sources: Prosthetic Lens, Other Lenses, & Implants removed from eye.	☐ Bacterial Culture * (Thioglycollate Broth)

^ Submit a separate requisition for each eye, if both eyes are to be sampled; published clinical guidelines recommend that both eyes be sampled for accurate diagnosis of certain eye infections.

*** Antimicrobial susceptibilities and bacterial/fungal I.D.s will be performed on clinically appropriate pathogens for additional charges unless otherwise notified.**

[X] Gram stains will be performed as part of all culture orders, except where specimen quantity is not sufficient (QNS)

[+] Anaerobic culture will be performed as needed based upon growth in thioglycollate broth.

[!] Eswab only collection for cornea infection – Do NOT inoculate plates or thioglycollate broth with any swab types prior to specimen submission.

After collection, please submit your labeled specimens with requisition in a biohazard specimen collection bag to the UPMC Vision Institute Campbell Ophthalmic Laboratory at UPMC Mercy Pavilion. All specimens outside Vision Institute send to Campbell Lab via MedSpeed (866-778-1500). Specimen processing and microbiology testing is performed on site at the Campbell Ophthalmic Laboratory. Viral, amoebic, and Chlamydia PCR testing is performed at the UPMC Clinical Laboratory, Department of Clinical Virology.