

UPMC Clinical Laboratory • Department of Clinical Microbiology • Section of Ophthalmic Microbiology

3477 Euler Way, Room 6012, Pittsburgh, PA 15213

Clinical Consultant: Alex Mammen, MD (706) 825-7185 • Laboratory Testing Consultant: Nathan C Clemons, PhD, D(ABMM), MLS(ASCP)^{CM} (878) 348-3449

Laboratory Testing Requisition for Ophthalmic Microbiology

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

<p>Section 1: Patient & Ordering Physician Information</p> <p>Patient Name: _____</p> <p>Date of Birth: _____</p> <p>Gender: _____</p> <p>Medical Record/Account Number: _____</p> <p>Ordering Physician: _____</p> <p>Hospital/Clinic Site: _____</p> <p>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 abusive 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.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Section 3: Differential Diagnosis</td> <td style="width:67%;">Corresponding Test</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> External Eye Infection (NOT Cornea) Acceptable Sources: Conjunctiva, Lid, Lid Margin, Lacrimal duct/gland/sac, and Other </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Bacterial Culture*^x <input type="checkbox"/> Fungal Culture*^x (Eswab) <input type="checkbox"/> ADV <input type="checkbox"/> HSV <input type="checkbox"/> VZV <input type="checkbox"/> CMV PCR(s) (VTM/UVT Swab) <input type="checkbox"/> Acanthamoeba PCR (VTM/UVT Swab) <input type="checkbox"/> Chlamydial Testing (Aptima Multitest Swab) </td> </tr> <tr> <td style="vertical-align: top; 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<p>Section 2: Specimen Information</p> <p>Collection Date: _____ Collection Time: _____</p> <p>Specify Source: _____</p> <p>Eye involved in collection (select ONLY one; see footnote[^] below):</p> <p><input type="checkbox"/> Left Eye (Indicate here and on specimen label)</p> <p><input type="checkbox"/> Right Eye (Indicate here and on specimen label)</p>															

[^]Submit a separate requisition for the other 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.

*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 Clinical Microbiology Laboratory at the Clinical Laboratory Building. Oakland Campus, please send all swabs and syringes via tube station using code 350. All other specimens and non-Oakland locations via MedSpeed (866-778-1500).

LAB USE ONLY: BAP CHOC IMA BRUC THIO Eswab
Aptima VTM Syringe Container Slide(s) quantity: ____
 Notes: _____