

Facility Name: _____

Contact Person: _____

Facility Billing Address: _____

Last Name		First Name			Middle Initial	Date of Birth	Sex
Ordering Physician	Phone Number/ Fax Number	After Hours Phone	Cystic Fibrosis (CF) Patient (Y/N)	Specimen Type	Body Type	Collection Date/Time	Cath Urine/Clean Catch Urine

Laboratory Tests

Test Name	Order Mnemonic	Test Name	Order Mnemonic
<u>MICROBIOLOGY</u>			
<input type="checkbox"/> Acridine Orange Stain	AO	<input type="checkbox"/> Gram Stain	GRAM
<input type="checkbox"/> Aerobic Culture	CXAER	<input type="checkbox"/> Group B Strep Screen, w/LIM Broth	CXLIM
<input type="checkbox"/> AFB Blood Culture	CXAFB	<input type="checkbox"/> Joint Fluid Culture	CXJFD
<input type="checkbox"/> AFB Culture	CXAFB	<input type="checkbox"/> KOH Prep	KOH
<input type="checkbox"/> AFB Smear	AFBST	<input type="checkbox"/> Legionella Urinary Antigen	LEGU
<input type="checkbox"/> Anaerobic Culture	CXANA	<input type="checkbox"/> Legionella Culture	CXLEG
<input type="checkbox"/> Blood Culture (Aerobic & Anerobic)	CXBLD	<input type="checkbox"/> Malaria Stain	BPAP
<input type="checkbox"/> Blood Culture (Aerobic)	CXBLA	<input type="checkbox"/> Microsporidium Stain	MICRS
<input type="checkbox"/> Blood Parasite	BPAP	<input type="checkbox"/> MRSA Screen Culture	CXMRS
<input type="checkbox"/> Bone Marrow Culture	CXAER	<input type="checkbox"/> Nocardia Culture	CXNOC
<input type="checkbox"/> Bronchial Brush Culture	CXRES	<input type="checkbox"/> Occult Blood, Stool	OCCBL
<input type="checkbox"/> Bronchial Washing Culture	CXRES	<input type="checkbox"/> Ova and Parasite Exam	OVAPC
<input type="checkbox"/> Brucella Culture	CXBRU	<input type="checkbox"/> Pinworm Prep	PINW
<input type="checkbox"/> Catheter Tip Culture	CXTIP	<input type="checkbox"/> Rapid Strep A Screen	RSS
<input type="checkbox"/> Chlamydia - DNA Methods	CHL	<input type="checkbox"/> Respiratory Culture	CXRES
<input type="checkbox"/> CLO Test (H. pylori)	CLO	<input type="checkbox"/> Respiratory Culture - Quantitative	CXREQ
<input type="checkbox"/> Clostridium Difficile Toxin	CDT	<input type="checkbox"/> Respiratory Pathogen Panel	RPP
<input type="checkbox"/> CSF Culture	CXCSF	<input type="checkbox"/> Routine Culture (Aerobic)	CXAER
<input type="checkbox"/> Cryptococcal Antigen	CRYAG	<input type="checkbox"/> RSV Antigen	RSV
<input type="checkbox"/> Eosinophil Smear	EOS	<input type="checkbox"/> Sensitivity	CXSEN
<input type="checkbox"/> Eye Culture	CXEYE	<input type="checkbox"/> Sputum Culture	CXSP
<input type="checkbox"/> Fecal Leukocyte Smear	FL	<input type="checkbox"/> Sterility Culture	CXSTE
<input type="checkbox"/> Flu Antigen	FLUAG	<input type="checkbox"/> Stool Culture	CXSTO
<input type="checkbox"/> Fungus Blood Culture	CXFNB	<input type="checkbox"/> Strep Screen	CXSTR
<input type="checkbox"/> Fungus Culture	CXFUN	<input type="checkbox"/> Urine Culture	CXURN
<input type="checkbox"/> Fungus Smear	FUNST	<input type="checkbox"/> Vancomycin Resistant Enterococcus Screen	CXVRE
<input type="checkbox"/> Gastrointestinal Pathogen Panel	GIP	<input type="checkbox"/> Wet Mount	WETPR
<input type="checkbox"/> GC Culture	CXGON	<input type="checkbox"/> Wound Culture	CXAER
<input type="checkbox"/> GC - DNA Methods	GC	<input type="checkbox"/> Yeast Screen	CXYST
<u>URINALYSIS</u>			
<input type="checkbox"/> Urinalysis (includes microscopic)	UA	<input type="checkbox"/> Chemical Only (pH, Protein, Glucose, Ketones, Bilirubin, Occult Blood, Nitrite, Urobilinogen, Leukocyte Esterase).	UA CHEM
<input type="checkbox"/> Ketones	UKET	<input type="checkbox"/> Urine HCG	UHCG
<input type="checkbox"/> Glucose	UGLU	<input type="checkbox"/> Urine for Eosinophils	EOSU
<input type="checkbox"/> Specific Gravity	USPG		

OTHERS: Specify

For ANY Culture, Give Specimen Source / Date & Time of Collection

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Please forward specimens and completed order form to:

Houston Methodist Diagnostic Laboratories
6565 Fannin Street, Dunn Tower
Second Floor, D2-109
Houston, TX 77030
(713) 441-4411

Regular Business Hours (7:00 am to 5:30 pm)

Call Result to:

Fax Result to:

After Hours and Weekends/Holidays

Call Result to:

Fax Result to: