



**MicroGenDX**

NEXT-GEN DNA SEQUENCING  
FOR ACCURATE MICROBIAL IDENTIFICATION

Superior Diagnostics. Targeted Treatments. Better Outcomes.

IN ASSOCIATION WITH SOUTHWEST REGIONAL PCR LABORATORY, LLC

2002 W LOOP 289, SUITE 116 | LUBBOCK, TX 79407 | PHONE: (855) 208-0019 | FAX: (407) 204-1401

## HOSPITAL INPATIENT LAB REQUISITION FORM

**\*PLEASE INCLUDE PATIENT DEMO\***

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

**\*ALL HIGHLIGHTED AREAS MUST BE COMPLETED PRIOR TO SENDING FORM TO LAB.**

### PATIENT INFORMATION (OR PATIENT STICKER)

PLACE PATIENT  
STICKER HERE  
-OR-  
FILL OUT THE  
REQUIRED  
PATIENT INFORMATION  
ON THE RIGHT

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Last 4 of SSN (or MRN): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

### qPCR RAPID SCREENING AND NEXT-GEN DNA SEQUENCING

#### Choose Panel Type

- ☐ **PJI/Prescreening Joint** (Tissue, Swab, Gauze used to wipe implant, and Synovial fluid) Includes Biomarkers\*
- ☐ **Spine/Paravertebral Infection** (Fluid, Tissue, Swab)
- ☐ **Other Specimens** (Appropriate panel type based on the Specimen Source and Sample Type given below)

### SPECIMEN INFORMATION

Date Collected: \_\_\_\_\_

Number of Samples: \_\_\_\_\_

Sample Type:

- ☐ BAL ☐ Gauze ☐ Swab ☐ Other: \_\_\_\_\_
- ☐ Blood ☐ Hardware ☐ Tissue
- ☐ Fluid ☐ Sputum ☐ Urine

Specimen Source: \_\_\_\_\_

### PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_

NPI#: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

SEND REPORT TO Email (Requesting Physician): \_\_\_\_\_

SEND REPORT TO Fax: (or additional Email) \_\_\_\_\_

Notes: \_\_\_\_\_

### HOSPITAL INFORMATION

Facility Name:

**Northwell Health Center**

Organization ID:

**23332**

Facility Address:

**450 Lakeville Rd. Ste. M50**

City:

**Lake Success**

State:

**NY**

Zip:

**11042**

Facility Phone: \_\_\_\_\_

Facility Fax: \_\_\_\_\_

### qPCR PANEL ORGANISMS

For qPCR panel information visit [microgendx.com/panels](http://microgendx.com/panels)

\*Biomarkers requires a minimum 2mL of Synovial fluid