IN ASSOCIATION WITH SOUTHWEST REGIONAL PCR LABORATORY, LLC

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## **NEW YORK HOSPITAL LAB REQUISITION FORM**

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

\*PLEASE INCLUDE PATIENT DEMO\*

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

PATIENT INFORMATION (OR PATIENT STICKER)							
PLACE PATIENT		Patient Name:					
STICKER -OR-		Date of Birth: (MM/DD/YY) Gender:		Gender:	Last 4 of SSN (or MRN):		
FILL OUT THE							
REQUIR		Address:					
PATIENT INFO		City:		State:		Zip:	
ON THE I	,	City.		State.	Ζίρ	).	
qPCR RAPID SCREENING AND NEXT-GENERATION 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: (MM/DD/YY)	Number of Samples:	Sample Type:					
/		☐ Blood ☐ Swab					
Specimen Source: ☐ Fluid ☐ Tissue ☐ (			Other:				
PHYSICIAN INFORMATION HOSPITAL INFORMATION							
Physician Name:			Facility Name:				
,							
NPI#:			Organization ID:				
Physician Phone:			Facility Address:				
SEND REPORT TO Email (Requesting Physician):			O'.	C			
SEND REPORT TO Email (Re	equesting Physician):		City:	State:		Zip:	
SEND REPORT TO Fax: (or additional Email)			Facility Phone:	Facility F	ax:		
Notes:							
PII/PRESCREENING IOINT PANEL			SPINE/PARAVERTERRAL PANEL				

### **Total 16S Bacterial Load and Resistance Genes**

Methicillin resistance, Vancomycin resistance, Betalactam resistance, Carbapenem resistance, Macrolide resistance, Aminoglycoside resistance, Tetracycline resistance, Bactrim resistance, Extended Spectrum Beta Lactamase CTX-M

**Next-Gen Comprehensive DNA Sequencing (NGS)** Identifies over 57,000 microbial species using our extensive curated database

\*Biomarkers requires a minimum 2mL of Synovial fluid

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NO BIOMARKERS