**UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS**

**DEPARTMENT OF PATHOLOGY**

**MICROBIOLOGY/VIROLOGY LABORATORIES**

**REQUISITION & PHYSICIAN ORDER FORM**

**ICD-9 Code/Diagnosis:** V70.5

**Collected by:**

**Collected Date:**

**Collection Time:**

**Ordering Clinician to receive report:**

**Attending Physician:** (if different from above)

**Current Antimicrobial Therapy/Special Request:**

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**SPECIMEN SOURCE**

**MATERIALS TO BE TESTING**

- Alpha strep group A culture
- Beta strep group B (Vaginal/Vaginal)
- Cryptococcus antigen/titer
- Epstein Barr Virus (EBV) antigen
- Enterovirus PCR (CSF)
- Helicobacter pylori stool antigen
- Legionella urinary antigen
- Mycoplasma pneumoniae

**MISCELLANEOUS TESTS**

- Stool occult blood
- Stool fat (qualitative)

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**ATTENTION: SEND SEPARATE SPECIMEN AND REQUISITION FOR VIROLOGY REQUESTS**

**VIROLOGY**

- CMV
- Herpes simplex
- Varicella zoster
- Adenovirus

**PLEASE CHECK APPROPRIATE CULTURE TYPE**

- General viral culture
- General viral culture + CMV
- Herpes simplex culture only
- CMV urinary culture

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**MICROBIOLOGY / VIROLOGY LABORATORIES REQUISITION**