**Molecular Microbiology/Virology Requisition**

**Requesting physician:**
________________________________________________________________________________________

(First and last name)

**Copy of report to:**
_________________________________________   _____________________________   _____________________________

Please submit a SEPARATE REQUISITION for each SPECIMEN TYPE

**Collection date:** _______________  **Collection time:** _______________  **Collected by:** _____________________________

**Clinical information:**
- Immunocompromised
- Prenatal
- Outbreak # _______________________________

**Other clinical information:**
_____________________________________________________________________________________

### SEROLOGY (Serum Antibody Tests) – Serum separator specimen required

- Epstein Barr Virus (EBV)
- Herpes Virus (HSV) 1 & 2 IgG
- Monospot (Monotest)
- Mycoplasma pneumoniae IgM
- Rubella IgG
- Parvovirus B19 IgG
- Parvovirus B19 IgM
- Toxoplasma IgG
- Varicella (VZV) IgG

For CMV serology and Hepatitis A, B, & C serology – send specimen to CHEMISTRY using the following requisitions:
- Inpatients: PHLEBOTOMY (Form #101062)
- Outpatients: COMMUNITY (Form #101064)

### Molecular (PCR) and Antigen Tests – Performed on specimen types indicated

#### Respiratory Specimens

- Nasopharyngeal aspirate (NPA)
- Nasopharyngeal swab (NPS)
- Throat swab
- Tracheal aspirate (TA)
- Bronchial lavage (BAL)
  (Specify lobe __________________)

  **NOTE:** Indicate above in Clinical Information if this is an outbreak

- Respiratory Virus Screen
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  Other available tests:
  - Enteroviruses
  - Atypical bacteria
  (Mycoplasma, Chlamydia)
  - Pertussis bacteria
  (B. pertussis, B. parapertussis)
  - Legionella
  (Only for BAL or TA)
  - Cytomegalovirus (CMV)
  (Only if immunocompromised)

#### Cerebrospinal Fluid

- Herpes & Varicella viruses (HSV-1 & 2, VZV)
- Enteroviruses
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  Other available tests:
  - BK and JC viruses
  - Cytomegalovirus (CMV)

#### Feces

**NOTE:** Indicate above in Clinical Information if this is an outbreak

- Clostridium difficile
- Enteroviruses
- Norovirus
- Rotavirus antigen

#### Urine

- Cytomegalovirus (CMV)
- BK and JC viruses

#### Skin/Oral/Genital

- Herpes & Varicella viruses (HSV1 & 2/VZV)
  (Specify site: _______________)

**Other Tests** (Indicate type of specimen)

**Plasma (Lavender EDTA)**

*Only if immunocompromised or transplants*

- BK and JC viruses
- West Nile Virus
- Cytomegalovirus (CMV) viral load
- Epstein Barr Virus (EBV) viral load

**NOTE:** A single EDTA tube may be submitted if both the CMV and EBV viral load tests are requested.