Please submit a SEPARATE REQUISITION for each SPECIMEN TYPE.

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

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

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

**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)

- Herpes & Varicella viruses (HSV-1 & 2, VZV)
- Cerebrospinal Fluid
- Respiratory

**Other available tests:**
- BK and JC viruses
- Enteroviruses
- Cytomegalovirus (CMV)
- Virus eye panel (Adenovirus, Herpes virus, Chlamydia trachomatis)
- Cytomegalovirus (CMV)
- Acanthamoeba

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

**Plasma** (Lavender EDTA)
- Only if immunocompromised and/or transplants
- BK and JC viruses
- West Nile Virus
- Cytomegalovirus (CMV) viral load
- Epstein Barr Virus (EBV) viral load

**Urine**
- Cytomegalovirus (CMV)
- BK and JC viruses

**Skin/Oral/Genital**
- Herpes & Varicella viruses (HSV1 & 2/VZV)

**Specify site: ____________

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