

# MICROBIOLOGY

RUSH UNIVERSITY MEDICAL CENTER  
RUSH MEDICAL LABORATORIES  
CHICAGO, ILLINOIS 60612 (312) 942-2378  
DIRECTOR: MARK POOL, MD

CALL RESULTS TO: \_\_\_\_\_

FAX RESULTS TO: \_\_\_\_\_

PATIENT NAME (LAST) (FIRST)

MR#

BIRTHDATE

SEX  M  F

\*PLEASE USE BLACK INK\*

DIAGNOSIS (MANDATORY)

ICD-10 CODE or NARRATIVE \_\_\_\_\_

## ALL INFORMATION MUST BE PROVIDED

COLLECTION DATE: \_\_\_\_\_ COLLECTION TIME: \_\_\_\_\_ A.M. P.M.

COLLECTED BY \_\_\_\_\_

REQUESTING PHYSICIAN \_\_\_\_\_ PAGER # \_\_\_\_\_

ANTIBIOTIC THERAPY \_\_\_\_\_

RESEARCH PATIENT NOT BILLED TO A FUND #, ENTER V70.7.

## THIS SECTION TO BE COMPLETED FOR OUTPATIENTS ONLY

BILL PATIENT

BILL INSURANCE

\*\*ATTACH COMPLETED INSURANCE CLAIM FORM TO THIS REQ\*\*

BILLING INFORMATION

BILLING INFORMATION

PATIENT ADDRESS			RESPONSIBLE PARTY (IF DIFFERENT THAN PATIENT)			SEX <input type="checkbox"/> M <input type="checkbox"/> F	
CITY		STATE	ZIP CODE		ADDRESS	CITY	STATE
TELEPHONE		SOCIAL SECURITY #		TELEPHONE	DATE OF BIRTH		SOCIAL SECURITY #
EMPLOYER NAME		ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE
INSURANCE PROVIDER		POLICY/MEMBER #		GROUP #	MEDICARE/MEDICAID # (CIRCLE ONE)		MEDICAID RECIPIENT #
ORDERING PHYSICIAN				U.P.I.N.			
SEND ADDITIONAL REPORTS TO			ADDRESS	CITY	STATE	ZIP CODE	

SPECIMEN COLLECTED IN OPERATING ROOM YES  NO

**NOTE:** If federal reimbursement will be sought for the ordered services, physicians must only order those tests that meet Medicare requirements for medical necessity. Medicare generally does not cover routine screening tests.

## BACTERIAL, MYCOBACTERIAL, FUNGAL CULTURES

SOURCE: BLOOD	CPT	SOURCE: GENITAL (Cont'd)	CPT	SOURCE: STOOL/RECTAL SWAB (Cont'd)	CPT
<b>INDICATE SPECIFIC SOURCE</b>		FUNGAL CULTURE & SMEAR [CXFS] 87102, 87206		OVA AND PARASITE EXAMINATION WITH TRICHROME STAIN (STOOL ONLY) (OUTPATIENTS OR WITHIN 3 DAYS OF HOSPITAL ADMISSION) 87177, 87207	
<input type="checkbox"/> VENOUS/ARTERIAL		BETA <i>Streptococcus</i> GROUP B CULTURE [CXSB] 87081		<i>Microsporidium</i> 87207	
<input type="checkbox"/> BONE MARROW		<i>Trichomonas</i> Antigen [TRIAG] 87808		<i>Cryptosporidium/Isospora/Cyclospora</i> 87207	
CULTURE (2 CULTURES STRONGLY RECOMMENDED) [CXBL] 87040		<i>Chlamydia trachomatis/N. gonorrhoeae</i> PROBE (GEN-PROBE APTIMA TRANSPORT CONTAINER) [CTNG] 87491, 87591			
AFB CULTURE [CXABL] 87116		<b>SOURCE: URINE</b>			
FUNGAL CULTURE [CXFBL] 87103		<b>INDICATE SPECIFIC SOURCE</b>			
		<input type="checkbox"/> CYSTOSCOPIC/SUPRAPUBIC			
		<input type="checkbox"/> CATHETERIZED: <input type="checkbox"/> INDWELLING <input type="checkbox"/> STRAIGHT			
		<input type="checkbox"/> VOIDED / MIDSTREAM			
		AEROBIC CULTURE 87086			
		AFB CULTURE & SMEAR 87015, 87116, 87206			
		ANAEROBIC CULTURE (CYSTOSCOPIC/SUPRAPUBIC) 87075			
		FUNGAL CULTURE 87102, 87206			
		<i>Histoplasma capsulatum</i> ANTIGEN 87999, 87385			
		<i>Legionella</i> URINE ANTIGEN [LEGAG] 87449			
		<i>Cryptococcus</i> (CRYPTO AG) (CSF ONLY)* [CRYAG] 86403			
		FUNGAL CULTURE & SMEAR* [CXFLS] 87102, 87206			
		<b>SOURCE: STERILE BODY FLUIDS</b>			
		<b>INDICATE SPECIFIC SOURCE</b>			
		<input type="checkbox"/> CSF <input type="checkbox"/> PERITONEAL			
		<input type="checkbox"/> DIALYSIS <input type="checkbox"/> SYNOVIAL			
		<input type="checkbox"/> PLEURAL <input type="checkbox"/> OTHER _____			
		AEROBIC CULTURE & GRAM STAIN [CXAES] 87071, 87205			
		ANAEROBIC CULTURE [CXAN] 87075			
		AFB CULTURE & SMEAR [CXAFS] 87116, 87206			
		<i>Cryptococcus</i> (CRYPTO AG) (CSF ONLY)* [CRYAG] 86403			
		FUNGAL CULTURE & SMEAR* [CXFLS] 87102, 87206			
		<b>SOURCE: IV CATHETER TIP</b>			
		<b>INDICATE SPECIFIC SOURCE</b>			
		CULTURE 87071			
		<b>SOURCE: GENITAL</b>			
		<b>INDICATE SPECIFIC SOURCE</b>			
		AEROBIC CULTURE & GRAM STAIN [CXGES] 87071, 87205			
		BACTERIAL VAGINOSIS SCREEN [BVSCR] 87205			
		AFB CULTURE & SMEAR [CXAFS] 87116, 87015, 87206			
		<b>SOURCE: STOOL/RECTAL SWAB</b>			
		<i>C. difficile</i> Toxin (STOOL ONLY) [CDTX] 87324			
		CULTURE (OUTPATIENTS OR WITHIN 3 DAYS OF HOSPITAL ADMISSION)* [CXSTL] 87046			
		CRYPTOSPORIDIUM/GIARDIA ANTIGEN (STOOL ONLY) [CGAG] 87328, 87329			
		<i>N. gonorrhoeae</i> (GC) [CXGC] 87081			
		CULTURE ONLY (RECTAL SWAB ONLY)			
		<b>SOURCE: WOUND</b>			
		<b>INDICATE SPECIFIC SOURCE</b>			
		AEROBIC CULTURE & GRAM STAIN [CXAES] 87071, 87205			
		ANAEROBIC CULTURE [CXAN] 87075			
		AFB CULTURE & SMEAR [CXAFS] 87116, 87015, 87206			
		FUNGAL CULTURE & SMEAR [CXFS] 87101 or 87102, 87206			
		<b>SOURCE: RESPIRATORY</b>			
		<b>SPECIFIC SOURCE: BAL FLUID/BRUSHINGS</b>			
		CULTURE & GRAM STAIN [CXBRO] 87071, 87205			
		AFB CULTURE & SMEAR [CXAFX] 87116, 87015, 87206			
		FUNGAL CULTURE & SMEAR [CXFS] 87102, 87206			
		<i>Legionella</i> CULTURE [CXLEG] 87070			
		<i>Pneumocystis</i> STAIN [SMPCP] 87015, 87281			
		<b>SPECIFIC SOURCE: SPUTUM/LEUKEN'S</b>			
		CULTURE & GRAM STAIN [CXSPU] 87071, 87205x2			
		AFB CULTURE & SMEAR [CXAFX] 87116, 87015, 87206			
		FUNGAL CULTURE & SMEAR [CXFX] 87102, 87206			
		CYSTIC FIBROSIS PROTOCOL [CXCFR] 87071, 87205			
		<b>SPECIFIC SOURCE: THROAT</b>			
		BETA <i>Streptococcus</i> GROUP A* [CXNSA] 87430			
		<i>N. gonorrhoeae</i> CULTURE ONLY [CXGC] 87081			
		CULTURE ONLY* [CXTHR] 87430, 87070			
		CYSTIC FIBROSIS PROTOCOL [CXCFR] 87071, 87205			

## VIRAL TESTING

SOURCES	CPT	LABORATORY WILL AUTOMATICALLY PERFORM IDENTIFICATION AND SUSCEPTIBILITIES WHEN MEDICALLY INDICATED
<input type="checkbox"/> BLOOD <input type="checkbox"/> GENITAL <input type="checkbox"/> STOOL <input type="checkbox"/> OTHER		
<input type="checkbox"/> BODY FLUID _____ <input type="checkbox"/> URINE <input type="checkbox"/> RESPIRATORY _____		
RESPIRATORY VIRUS PCR [RESPN] 87632	87425	ROTAVIRUS ANTIGEN [ROTAG] 87425
HCV RNA Quant [HCVQT] 87522	87536	HIV RNA Quant [HIVQT] 87536
HBV DNA Quant [HBVQT] 87517	87497	CMV DNA Quant - BLOOD [CMVQT] NON-BLOOD [CMVQO] 87497
Herpes Simplex PCR [HSVQL] 87529x2	87798	EBV DNA Quant - BLOOD [EBVQT] NON-BLOOD [EBVQO] 87798
Varicella Zoster PCR [VZVQL] 87798	87799	Parvovirus DNA Quant - SEND OUT 87799
RESPIRATORY SYNCYTIAL VIRUS ANTIGEN [RSVAG] 87420	87799	BK Virus Quant - URINE [BKQTO] BLOOD [BKQT] 87799

RML FORM NO. 4006 \*SEE REVERSE SIDE FOR REFLEX TESTING (3/2026)

## REFLEX TESTING

### BETA-*Streptococcus* GROUP A

If strep screen is negative, a culture is performed to rule out the presence of **beta-*Streptococcus* Group A** 87081

### THROAT CULTURE

If strep screen is negative, a culture is performed to rule out the presence of beta-*Streptococcus* Groups A, C, and G, *Arcanobacterium haemolyticum*, and *Pseudomonas aeruginosa* (children less than 18 years) only. 87070

### STOOL/RECTAL SWAB CULTURE

If *Salmonella* or *Shigella* is isolated, serogrouping is performed. 87045  
If *Escherichia coli* O157:h7 is isolated, serotyping is performed. 87158  
Additional pathogens 87046 each pathogen  
*Campylobacter* antigen 87449  
Serotyping 87147

### FUNGAL CULTURE AND SMEAR

If cerebrospinal fluid (CSF) is submitted, a Cryptococcal antigen test is performed in lieu of a Fungal Smear. 86403

### *Chlamydia trachomatis* / *N. gonorrhoeae* PROBE

If *Chlamydia trachomatis* / *N. gonorrhoeae* Probe is positive, a *Chlamydia trachomatis* probe and *N. gonorrhoeae* (GC) probe are performed. 87490, 87590

### CRYPTOCOCCAL ANTIGEN

If positive, a titer will be determined. 86406

### SPECIMEN PROCESSING/HANDLING

Tissue homogenization 87176  
Concentration 87015  
Mailing/handling 87999

### IDENTIFICATION AND SUSCEPTIBILITY TESTING

When medically indicated, one or more of the following will be performed:

Aerobic Isolate Definitive Identification 87077  
Serotyping, each antiserum 87147  
Anaerobic Isolate Definitive Identification 87076  
Yeast Isolate Definitive Identification 87106  
Mold Isolate Definitive Identification 87107  
Mycobacterial Isolate Definitive Identification 87118  
Mycobacterial Isolate Identification/DNA Probe 87149  
Mycobacterial Isolate Identification Direct Probe 87555 or 87560 or 87550  
Microtiter MIC Panel 87186  
Kirby-Bauer Susceptibility Testing 87184  
E-Test Susceptibility Testing, each drug 87181  
Beta-lactamase Susceptibility Testing 87185  
Mycobacterial Susceptibility Macrobroth, each drug 87188

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**CPT CODES ARE SOLELY FOR INFORMATIONAL PURPOSES. CODES MAY VARY BY THIRD PARTY PAYORS.**