

Specimen Type	Usual Tests Ordered	Comments
<b>ABSCESS</b>		<b>Tissue or fluid is always superior to a swab specimen. Source/site must be clearly documented on specimen, computer, or requisition.</b>
Open	<b>CXWND</b> Culture, Wound with Gram Stain, Swab	Sampling of the surface area can introduce colonizing bacteria not involved in the infectious process.
Closed	<b>CXWND</b> Culture, Wound with Gram Stain, Swab <b>CXANA</b> Culture, Anaerobic	Submit aspirate for aerobic and anaerobic culture. If swabs are used, collect both routine and anaerobic culture swabs.
<b>BITE WOUND</b>	<b>CXWND</b> Culture, Wound with Gram Stain, Swab	Do not culture animal bite wounds $\leq 12$ h old (agents are usually not recovered) unless they are on the face or hand or unless signs of infection are present.
<b>BLOOD CULTURE</b>	<b>CXBLD</b> Blood Culture	<p>Acute sepsis: 2-3 sets from separate sites, all within 10 min.            Endocarditis, acute: 3 sets from 3 separate sites, over 1-2 h            Endocarditis, subacute: 3 sets from 3 separate sites, taken <math>\geq 15</math> min apart; if negative @ 24 h., obtain 3 more sets.            Fever of unknown origin: 2-3 sets from separate sites <math>\geq 1</math> h apart; if negative at 24 h., obtain 2-3 more sets.</p> <p><b>Cultures drawn through indwelling intravascular devices are discouraged, due to the higher risk for contamination by colonizing organisms. Peripheral venipuncture set must accompany any line-drawn set, and site of collection indicated on bottles.</b></p>

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<b>BLOOD CULTURE, FUNGUS</b>	<b>CXFNB</b> Culture, Fungal, Blood	Draw 2 Isolator tubes from separate venipunctures. Order " <b>Culture, Fungal – Blood</b> " x 2
<b>BLOOD CULTURE, AFB</b>	<b>CAFBB</b> Mycobacterial Culture, Blood	Draw 2 10 ml Green top tubes from separate venipunctures. Order " <b>Culture, Mycobacterial – Blood</b> " x 2
<b>BONE MARROW</b>	<b>CXFLD</b> Culture, Fluid (except CSF) <b>CXANA</b> Culture, Anaerobic <b>CXFUN</b> Culture, Fungal, Other Source with Fungal Stain <b>CAFBR</b> Mycobacterial Culture	Additional Isolator or Heparin tubes must be drawn if AFB and Fungal cultures are required. Isolator tubes are available in 10 ml or 1.5 ml volumes.
<b>BURN</b>	<b>CXTIS</b> Culture, Tissue with Gram Stain	A 3-to-4-mm punch biopsy is optimum when cultures are ordered. Process for aerobic culture only. Surface cultures of burns may be misleading.
<b>CATHETER (IV)</b>	<b>CXCAT</b> Culture, Catheter/Device	
<b>CATHETER (FOLEY)</b>	<b>Not Acceptable for Culture</b>	
<b>CELLULITIS</b>	<b>CXWND</b> Culture, Wound with Gram Stain, Swab	
<b>CSF</b>	<b>CXCSF</b> Culture, CSF with Gram Stain <b>CXFUN</b> Culture, Fungal, Other Source with Fungal Stain <b>CXAFB</b> Culture, Acid Fast Bacilli <b>MECSF</b> Meningitis/Encephalitis Panel, CSF <b>WNVPCR</b> West Nile Virus, Molecular Detection, PCR <b>JCPCR</b> JC Virus, Molecular Detection, PCR	

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<b>DECUBITUS ULCER</b>	<b>CXWND</b> Culture, Wound with Gram Stain, Swab	<p>A decubitus swab provides little clinical information; this collection method is strongly discouraged.</p> <p>A tissue biopsy sample or a needle aspirate is the specimen of choice. This source is unacceptable for anaerobic culture</p>
<b>EAR</b>	<b>CXEAR</b> Culture, Ear <b>CXANA</b> Culture, Anaerobic (Inner Ear Fluid specimens only)	
<b>EYE</b>		
<b>Conjunctiva- (Conjunctivitis)</b>	<b>CXEYE</b> Culture, Eye (Ocular)	<p>It is recommended that swabs for culture be taken prior to anesthetic application, whereas corneal scrapings can be obtained afterward.</p> <p>Anesthetics may be inhibitory to some etiologic agents.</p>
<b>Corneal Scrapings (Keratitis)</b>	<b>CXEYE</b> Culture, Eye (Ocular) <b>CXANA</b> Culture, Anaerobic <b>CXFUN</b> Culture, Fungal, Other Source with Fungal Stain <b>CXAFB</b> Culture, Acid Fast Bacilli	<p>Obtain Media from Microbiology prior to collection procedure</p>
<b>Vitreous or Aqueous Fluid Aspirates (Endophthalmitis)</b>	<b>CXFLD</b> Culture, Fluid (except CSF) <b>CXANA</b> Culture, Anaerobic <b>CXFUN</b> Culture, Fungal, Other Source with Fungal Stain <b>CXAFB</b> Culture, Acid Fast Bacilli	<p>Obtain Media from Microbiology prior to collection procedure</p>

<b>FECES</b>		
<b>Routine Bacterial Enteric Pathogens</b>	<b>CXSTO</b> Culture, Stool, Bacterial Enteric Pathogens <b>CXVIB</b> Culture, <i>Vibrio</i> – when clinically indicated <b>CXYER</b> Culture, <i>Yersinia</i> - when clinically indicated	This culture includes <i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , <i>Enterohemorrhagic E. coli</i> (O157 and other serotypes), and <i>Aeromonas/Plesiomonas</i> spp. Separate culture for <i>Yersinia</i> and <i>Vibrio</i> spp. available upon request.  Not performed on patients whose length of stay is >3 days & admitting diagnosis was not gastroenteritis. Tests for <i>C. difficile</i> should be considered in these cases.
<b><i>Clostridium difficile</i></b>	<b>CDIFF</b> <i>Clostridium difficile</i> Toxin Gene and NAP1/027 Strain Detection	Patients should be passing $\geq 5$ liquid or soft stools per 24 h, without any laxative within past 48 hrs. Testing of formed or hard stool is not performed. Test not performed if history of negative assay within past 10 days, or positive within past 30 days.
<b>Leukocytes</b>	<b>SWBC</b> Fecal Leukocytes (Stool for WBC's)	Test performed in Hematology lab.
<b>Rectal swab</b>	<b>CXSTO</b> Culture, Stool, Bacterial Enteric Pathogens (PEDIATRIC patients only, <b>when stool sample cannot be obtained</b> ) <b>CTGC</b> <i>Chlamydia trachomatis/Neisseria gonorrhoeae</i> , by Nucleic Acid Amplification <b>HSVPR</b> Herpes Simplex Virus (HSV), Molecular Detection, PCR <b>EVPCR</b> Enterovirus, Molecular Detection, PCR <b>VRE</b> VanA Detection (VRE) by PCR	

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<b>Parasitology</b>	<p><b>GIARD</b> Ova &amp; Parasite: <i>Giardia</i> Antigen and <i>Cryptosporidium</i> Antigen  <b>CONWP</b> Ova &amp; Parasite, Comprehensive:</p> <p>Comprehensive Ova &amp; Parasite examination may be performed at the request of the physician on specimen from patients who have the following risk factors:</p> <ul style="list-style-type: none"> <li>• HIV Infection/ Immunosuppression for any reason</li> <li>• Residence in or recent immigration from a developing country</li> <li>• Travel to a country where parasitic pathogens are endemic</li> <li>• Persistence of symptoms, undiagnosed diarrhea</li> </ul> <p>The presence of any of the above risk factors must be communicated to the laboratory along with the telephone request for a comprehensive examination. The laboratory will hold all specimens for two weeks to allow additional testing to be requested if clinically indicated.</p>	<p>Not performed on patients whose length of stay is &gt;3 days &amp; admitting diagnosis was not gastroenteritis. Tests for <i>C. difficile</i> should be considered in these cases.</p>
<b>FISTULA</b>	<p><b>CXWND</b> Culture, Wound with Gram Stain, Swab  <b>CXANA</b> Culture, Anaerobic</p>	
<b>FLUIDS</b>		
<p>abdominal,          amniotic,          ascites,          bile, joint,          paracentesis,          pericardial,          peritoneal,          pleural,          synovial,          thoracentesis</p>	<p><b>CXFLD</b> Culture, Fluid (except CSF)  <b>CXANA</b> Culture, Anaerobic  <b>CXFUN</b> Culture, Fungal, Other Source with Fungal Stain  <b>CXAFB</b> Culture, Acid Fast Bacilli</p>	<p><b><u>Always submit as much fluid as possible; never submit swab dipped in fluid.</u></b></p> <p>Swab specimens submitted with no volume of fluid will be processed as Wound Culture.</p>
<b>GANGRENOUS TISSUE</b>	<p><b>CXTIS</b> Culture, Tissue with Gram Stain  <b>CXANA</b> Culture, Anaerobic</p>	
<b>GASTRIC: wash or lavage</b>	<p><b>Unable to perform testing on this specimen source.</b></p>	<p><b>Unable to perform testing on this specimen source.</b></p>

<b>GENITAL</b>	
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<b>FEMALE</b>		
<b>Amniotic Fluid</b>	<b>CXGEN</b> Culture, Genital <b>CXANA</b> Culture, Anaerobic	If Fluid submitted (not swab), order <b>CXFLD Culture, Fluid (except CSF)</b> instead of <b>CXGEN</b> .
<b>Bartholin</b>	<b>CXGEN</b> Culture, Genital <b>CXANA</b> Culture, Anaerobic	
<b>Cervical</b>	<b>CXGEN</b> Culture, Genital <b>CTGC <i>Chlamydia trachomatis</i></b> and <b><i>Neisseria gonorrhoeae</i></b> by Nucleic Acid Amplification <b>HSVPR</b> Herpes Simplex Virus (HSV), Molecular Detection, PCR <b>AMGEN</b> <i>Mycoplasma genitalium</i> by Nucleic Acid Amplification <b>UREPR</b> <i>Ureaplasma ureolyticum</i> by Nucleic Acid Amplification <b>MYCPR</b> <i>Mycoplasma hominis</i> by Nucleic Acid Amplification	
<b>Cul-de-Sac</b>	<b>CXGEN</b> Culture, Genital <b>CXANA</b> Culture, Anaerobic	
<b>Endometrial</b>	<b>CXGEN</b> Culture, Genital <b>CXANA</b> Culture, Anaerobic	
<b>IUD</b>	<b>CXGEN</b> Culture, Genital <b>CXANA</b> Culture, Anaerobic	
<b>Urethral</b>	<b>CXGEN</b> Culture, Genital <b>CTGC <i>Chlamydia trachomatis</i></b> and <b><i>Neisseria gonorrhoeae</i></b> by Nucleic Acid Amplification <b>HSVPR</b> Herpes Simplex Virus (HSV), Molecular Detection, PCR	

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<b>Products of Conception</b>	<b>CXGEN</b> Culture, Genital <b>CXANA</b> Culture, Anaerobic	If Tissue submitted (Fetal tissue, placenta, membranes, lochia), order <b>CXTIS Culture, Tissue with Gram Stain</b> instead of <b>CXGEN</b> .
<b>Vaginal</b>	<b>CXGEN</b> Culture, Genital <b>CTGC <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i></b> by Nucleic Acid Amplification <b>VAG1</b> Vaginitis Profile (VG) Amplified RNA – includes Bacterial Vaginosis, Candida, Trichomonas <b>VAG+</b> Vaginitis Plus Profile (VG) Amplified RNA – includes Bacterial Vaginosis, Candida, Trichomonas, Chlamydia, N. gonorrhoeae <b>HSVPR</b> Herpes Simplex Virus (HSV), Molecular Detection, PCR <b>TVRNA <i>Trichomonas vaginalis</i></b> , Molecular Detection, PCR – Female <b>AMGEN <i>Mycoplasma genitalium</i></b> by Nucleic Acid Amplification	

	<b>UREPR <i>Ureaplasma ureolyticum</i></b> by Nucleic Acid Amplification <b>MYCPR <i>Mycoplasma hominis</i></b> by Nucleic Acid Amplification	
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**FEMALE OR MALE**

<b>Lesion</b>	<b>CXGEN</b> Culture, Genital <b>HSVPR</b> Herpes Simplex Virus (HSV), Molecular Detection, PCR <b>VZVPR</b> Varicella-Zoster Virus, Molecular Detection, PCR	
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**MALE**

<b>Prostate</b>	<b>CXGEN</b> Culture, Genital	
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<b>Urethral</b>	<b>CXGEN</b> Culture, Genital <b>CTGC <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i></b> by Nucleic Acid Amplification <b>HSVPR</b> Herpes Simplex Virus (HSV), Molecular Detection, PCR <b>MTRNA <i>Trichomonas vaginalis</i></b> , Molecular Detection, PCR – Male <b>AMGEN <i>Mycoplasma genitalium</i></b> by Nucleic Acid Amplification <b>UREPR <i>Ureaplasma ureolyticum</i></b> by Nucleic Acid Amplification <b>MYCPR <i>Mycoplasma hominis</i></b> by Nucleic Acid Amplification	
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<b>HAIR</b> Dermato- phytosis	<b>CXFNS</b> Culture, Fungal, Skin, Hair, Nails with Fungal Stain	Collect scalp scales, if present, along with scrapings of active borders of lesions.
<b>NAIL</b> Dermato- phytosis	<b>CXFNS</b> Culture, Fungal, Skin, Hair, Nails with Fungal Stain	
<b>PILONIDAL CYST</b>	<b>CXWND</b> Culture, Wound with Gram Stain, Swab	
<b>RESPIRATORY</b>		
<b>LOWER</b>		
<b>Broncho Alveolar lavage, Bronchial brush or wash, Tracheal aspirate</b>	<b>CXRES</b> Culture, Respiratory with Gram Stain <b>CXFUN</b> Culture, Fungal, Other Source with Fungal Stain <b>CXAFB</b> Culture, Acid Fast Bacilli <b>RESLR</b> Respiratory Panel, Molecular Detection, PCR <b>HSVPR</b> Herpes Simplex Virus (HSV), Molecular Detection, PCR <b>CMVPR</b> Cytomegalovirus, Molecular Detection, PCR <b>PNRP</b> Pneumocystis jiroveci by PCR <b>LEGRP</b> Legionella species by PCR	For quantitative analysis of brushings, place brush in 1.0 ml of sterile, non bacteriostatic saline.  Fungal recovery is primarily for <i>Cryptococcus</i> spp. and some filamentous fungi; other yeasts rarely cause lower respiratory tract infection.
<b>Sputum, expectorated or induced</b>	<b>CXRES</b> Culture, Respiratory with Gram Stain <b>CXFUN</b> Culture, Fungal, Other Source with Fungal Stain <b>CXAFB</b> Culture, Acid Fast Bacilli <b>LEGRP</b> Legionella species by PCR	Quality of all expectorated and induced sputums will be assessed by review of Gram stain. The best specimen should have $\leq 10$ squamous cells per 100x field
<b>RESPIRATORY</b>		
<b>UPPER</b>		



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<b>Oral, Lesion</b>	<b>Viral Studies (specify):</b> <b>HSVPR</b> Herpes Simplex Virus (HSV), Molecular Detection, PCR <b>VZVPR</b> Varicella-Zoster Virus, Molecular Detection, PCR	<b>For R/O yeast (<i>Candida</i>, thrush):</b> <b>CXRES</b> Culture, Respiratory with Gram Stain (DO NOT order Fungus Culture) – state “R/O Yeast” on requisition and specimen
<b>Nasal</b>	<b>CXNAS</b> Culture, Nasal, R/O MRSA <b>MRSAM</b> MRSA Detection by PCR <b>RESP4</b> SARS-Coronavirus-2/FluAB/RSV, Molecular Detection, PCR	Anterior nares cultures is reserved for detecting staphylococcal and streptococcal carriers only. For MRSA PCR testing, both right and left nares are sampled using the same swab. <b>Nasal and nasopharyngeal specimens should not be used in an attempt to recover the etiological agent of a sinus infection.</b>
<b>Nasopharynx</b>	<b>RESP4</b> SARS-Coronavirus-2/FluAB/RSV, Molecular Detection, PCR <b>RESP</b> BioFire Respiratory Panel, 19-Pathogen <b>BORDP</b> <i>B. Pertussis</i> and <i>B. Parapertussis</i> , PCR <b>BORPR</b> <i>Bordetella pertussis</i> and <i>Bordetella parapertussis</i> , Molecular Detection, PCR – <i>for non-NP respiratory samples only</i>	
<b>Throat</b>	<b>GASM</b> Strep pyogenes (Group A) by NAA <b>CTGC</b> <i>Chlamydia trachomatis/Neisseria gonorrhoeae</i> , by Nucleic Acid Amplification <b>MYCOP</b> <i>Mycoplasma pneumoniae</i> by NAA	
<b>SKIN</b>		
<b>Dermatophytosis</b>	<b>CXFNS</b> Culture, Fungal, Skin, Hair, Nails with Fungal Stain	
<b>Tissue</b>	<b>CXTIS</b> Culture, Tissue with Gram Stain <b>CXANA</b> Culture, Anaerobic <b>CXFUN</b> Culture, Fungal, Other Source with Fungal Stain (deep tissue; surgical) <b>CXAFB</b> Culture, Acid Fast Bacilli	Tissue should measure $\leq 3$ cm. in diameter. <b>Never submit a swab that has simply been rubbed over the surface.</b> Swab specimens submitted from surgical sites will be processed as Wound Culture.

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<b>URINE</b>	<p> <b>CXURN</b> Culture, Urine  <b>CTGC</b> <i>Chlamydia trachomatis</i> /<i>Neisseria gonorrhoeae</i> by Nucleic Acid Amplification  <b>CXAFB</b> Culture, Acid Fast Bacilli (patients with suspected systemic TB)  <b>SPA</b> <i>Strep pneumoniae</i>, Rapid Antigen  <b>LEG</b> <i>Legionella</i>, Rapid Antigen  <b>AMGEN</b> <i>Mycoplasma genitalium</i> by Nucleic Acid Amplification  <b>UREPR</b> <i>Ureaplasma ureolyticum</i> by Nucleic Acid Amplification  <b>MYCPR</b> Mycoplasma hominis by Nucleic Acid Amplification  <b>MTRNA</b> Trichomonas vaginalis, Molecular Detection, PCR         </p>	<p> <b>Always indicate collection method when urine is obtained via catheter:</b>  <b>Straight Catheter</b> If preparation is inadequate, the procedure may introduce urethral flora into the bladder and increase the risk of iatrogenic infection. <b>Indwelling Catheter</b> Culture should not be collected from indwelling catheter which has been in place &gt;24 hrs. Culture When new catheter is placed.         </p>
<b>WOUND</b>	<p> <b>CXWND</b> Culture, Wound with Gram Stain, Swab  <b>CXANA</b> Culture, Anaerobic (SURGICAL/DEEP SPECIMENS ONLY)         </p>	

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