

**Microbiology susceptibility add-on
or organism identification request**



This form is to be used for requesting susceptibilities on an organism that has been identified at Allina Health Laboratory, or to request further organism identification.

Fax the completed form to Client Services at (612) 863-4067

Today's date:		
Clinic/facility name:		
Name of requestor:		
Phone #		
Fax #		
Patient name:		
Date of birth:		
Epic MRN:		
Provider name:		
Original order date:		
Original order:		<input type="checkbox"/> Aerobic bacterial culture <input type="checkbox"/> Anaerobic bacterial culture <input type="checkbox"/> Body fluid culture <input type="checkbox"/> Blood culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Tissue culture <input type="checkbox"/> Urine culture Other
Source:		
<input type="checkbox"/>	Organism(s) needing further ID:	
	Organism(s) needing susceptibilities:	
	Additional antibiotic(s) requested:	

For Allina Health Central Laboratory use only:

Specimen #: _____

Date inBasket message sent to P CEN MICROBIOLOGY (.microaddon): _____

Client Services staff initials: _____

Send form to OnBase; index as an Add-on