

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 #	
<hr/>	
Patient name:	
Date of birth:	
Epic MRN:	
Provider name:	
Original order date:	
Original culture:	<input type="checkbox"/> ABC <input type="checkbox"/> ANC <input type="checkbox"/> BFL <input type="checkbox"/> BLC <input type="checkbox"/> FUN <input type="checkbox"/> TIS Other
Source:	
<input type="checkbox"/> Organism(s) needing further ID: <input type="checkbox"/> Organism(s) needing susceptibilities: <input type="checkbox"/> Additional antibiotic(s) requested:	

For Allina Health Central Laboratory use only:

- Specimen #: _____
- Date inBasket message sent to microbiology: _____
- Client Services staff initials: _____
- Send form to OnBase; index as an Add-on