

# REQUISITION FORM

## Infectious Disease Diagnostics Laboratory Children's Hospital of Philadelphia

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<http://www.chop.edu/centers-programs/infectious-disease-diagnostics-laboratory>

Complete Lab Test Directory and collection/transport information can be found at: <https://www.testmenu.com/chop>

### PATIENT INFORMATION

Patient First Name:	Patient Last Name:	Unique Identifier (e.g., MR Number)	Date of Birth:	Gender:
Specimen Source:			Requesting Physician/Laboratory:	
Collection Date and Time:			Diagnosis:	

### CLIENT INFORMATION

Client or Referring Lab Address (Send Results To)	Billing Address (If Different From Client Address)
Name:	Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:

### Real-Time Polymerase Chain Reaction (PCR) Assays

\*Included in Respiratory Virus Extended Panel

Adenovirus Qualitative/Semi-Quantitative*	Adenovirus Types 40 & 41
Astrovirus	BK Virus Quantitative - For Prognosis/Monitoring of Positive Patients
<i>Bordetella pertussis</i>	<i>Campylobacter</i> sp.
Coronavirus 229E *	Coronavirus NL63 *
Coronavirus OC43 *	Coronavirus HKU1*
Cytomegalovirus (CMV) Qualitative - For Diagnosis	CMV Quantitative - For Prognosis/Monitoring of Positive Patients
Enterovirus	Epstein-Barr Virus (EBV) Qualitative - For Diagnosis
EBV Quantitative - For Prognosis/Monitoring of Positive Patients	Human Herpesvirus-6 (HHV-6) Qualitative - For Diagnosis
HHV-6 Quantitative - For Prognosis/Monitoring of Positive Patients	Herpes Simplex Virus
Herpes Simplex Virus-1/2 Typing	Influenza A Virus (IVA)
Influenza B Virus (IVB)	<i>Kingella kingae</i>
<i>Lyme (Borrelia burgdorferi)</i>	Metapneumovirus*
<i>Mycoplasma pneumoniae</i>	Norovirus GI & GII
Parainfluenza Virus <input type="checkbox"/> Type 1* <input type="checkbox"/> Type 2* <input type="checkbox"/> Type 3*	Parechovirus
Parvovirus B19	Respiratory Syncytial Virus (RSV)*
Rhinovirus*	Rotavirus
<i>Salmonella</i> sp.	Sapovirus
SARS-CoV-2 (COVID-19)	Shiga toxins 1&2 ( <i>E. coli</i> )
<i>Shigella</i> sp.	Varicella Zoster Virus

### *C. trachomatis* (CT), *N. gonorrhoeae* (GC) and *T. vaginalis* (TV)

CT/GC Combo NAAT (Nucleic Acid Amplification)	Trichomonas NAAT
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### Retrovirology (HIV-1, HIV-2)

HIV-1 RNA Quantitative NAAT (Nucleic Acid Amplification) For monitoring/prognosis	
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### Serology – Antibody/Antigen testing

H. pylori antigen	Strep A Antigen (Rapid strep)
Clostridium difficile Toxin A & B (no swabs)	

### Bacteriology culture

Blood	SBE Blood	Body Fluid	
Catheter tip	Genital	Urine	
Respiratory	Respiratory CF	<input type="checkbox"/> Clean Catch <input type="checkbox"/> Catheter	
Group A Strep	Derm screen	<input type="checkbox"/> Cystoscopy <input type="checkbox"/> Aspirate	
Transfusion rx	VRE screen	<input type="checkbox"/> Suprapubic catheter	
GI Cult (+ PCR)	<i>N. gonorrhoeae</i>	Group B strep	
Anaerobic	Aerobic	MRSA screen	

### Mycology, Parasitology, Mycobacteriology

Fungal culture	Autopsy Fungal	Fungal blood culture	
Cryptococcal Ag	Dermatophyte	Candida sp. Screen	
Crypto/Giardia	Blood parasite	Pinworm Prep	
Mycobacterial culture + smear			

### Stains/Smears

Gram Stain	Stool WBC	Eosinophil Stain	
Stat Gram Stain	Other:		

### Special Instructions:

### Real-Time PCR Panels

GI Bacteria Panel (Salmonella, Shigella, Campylobacter, Shiga toxins 1/2 + Culture)	
GI Virus Panel (Adenovirus 40/41, Astrovirus, Norovirus GI/GII, Rotavirus, Sapovirus)	
Respiratory Virus Extended Panel (includes those indicated with *)	