☑ **Bill to Submitter/Client**
(Submitting Facility is Responsible for Payment)

Children's Hospital Colorado

Children's Hospital Colorado
Department of Pathology & Laboratory Medicine
Microbiology Lab Requisition
Phone (720) 777-6711
Fax (720) 777-7118

Specimen Shipping Address:
Children's Hospital Colorado
Clinical Laboratory - Room B0200
13123 E. 16th Ave
Aurora, CO 80045

FAILURE TO COMPLETE BELOW FIELDS WILL DELAY RESULTS

*****PLEASE PROVIDE COMPLETE BILLING INFORMATION****

Contact Information

Submitting Institution Name (Submitter)	**Submitting Institution Address** Street City, State, Zip Phone Result Fax
Client Specimen Label (if available)	**Internal Specimen Label**

Patient Information

Last Name	First Name	Middle I	Birthdate (MM/DD/YYYY)	Sex
Ordering Provider (Last, First, and Middle Initial)	Ordering Provider Phone	ICD10/Diagnosis	Ordering Provider NPI	

Microbiology Specimen Information

Date Collected (MM/DD/YY) _____

Time Collected (HHMM) _____ AM / PM

□ Serum
□ Plasma
□ Stool
□ Urine
□ Nasal Wash
□ BAL
□ Swab Source & Site:
□ Other

Infection and/or Organism Expected:

FAILURE TO COMPLETE WILL DELAY RESULTS

Bill To: □ Billing Facility and Address same as Submitter Listed

Billing Contact Information: **Name:** **Email:** **Phone:**	**Billing Facility and Address are DIFFERENT than Submitter Listed, Bill To:** Institution Name: Address (incl City, State, Zip): Phone: Fax:

Additional comments regarding specimen or testing requested:

Microbiology Lab Test Information - Ordering laboratory is responsible for accuracy of test selection

□ Adenovirus PCR Qual (LAB6342)
□ Adenovirus PCR Quant (LAB7431)
□ BK Virus PCR Quant (LAB9584)
□ C. difficile Toxin B PCR (LAB5736)
□ CF Path Culture - Throat (LAB4093)
□ CMV PCR Quant (LAB7321)
□ CT and NG PCR (LAB7166)
□ EBV PCR Quant (LAB7322)
□ Entero/Parechovirus PCR (LAB10040)
□ GI Path Panel (LAB6958)
□ GI Path Panel **with no** Diff (LAB8434)
□ HHV6 PCR Quant (LAB7430)
□ HSV PCR (LAB5891)
□ MEP Panel PCR (LAB7329)
□ MRSA PCR (LAB7591)
□ Respiratory Path Panel (LAB5595)
□ SARS CoV-2 (LAB9100)
□ VZV PCR (LAB6621)

By submitting this requisition you agree to the standard terms and agreements of Children's Hospital Colorado, to obtain a copy of these please reach out to **LabClientServices@childrenscolorado.org**

Please visit our website (www.childrenscolorado.org/labrequisitions) regularly to obtain our most current requisition.

Please note: If your patient has an active CHCO MyChart account, they will receive results automatically via MyChart when ordered from outside of our system of care.