

University of Virginia Health IDSO (ID and susceptibility testing)

UVA SMS – Enter Patient Orders through REQENTRY

UVA WHOLESALE ACCOUNT #: _____ (must be obtained prior to sending sample)

Submitting Location's Name: _____

Contact number for questions: _____

Patient's Last Name, First Name: _____ (must be on sample)

Patient's Date-of-birth: _____ (must be on sample)

Medical Record Number: _____ (must be on sample)

*UVA's protocol for specimen acceptance, **2 identifiers MUST match same 2 identifiers on sample***

Patient's Sex: _____

Culture Collection Date: _____

Micro Lab TEST: Susceptibility Testing (LAB901)

SOURCE: _____ (Blood, Stool, In/Out urine, Clean Catch urine, etc.)

Species of Organism: _____ (SMS enter in white comment box for micro)

****SMS please enter panel/drugs requested into specimen comments****

Please indicate drugs requested for isolate testing. Drugs requested that are part of the routine panel (Table 1) will be charged per panel. Additional drugs not part of the routine panel (Table 2-agents not bolded) will be charged per drug.

- ☐ Routine panel
- ☐ Additional antibiotics requested (please list below):