

**Saint Luke's Hospital  
Kansas City, MO 64111**

**Request for Bronchoscopy Tests**

<u>Collection Information</u>		Source: <input type="checkbox"/> Bronch Lavage <input type="checkbox"/> Bronch Brushing <input type="checkbox"/> Bronch Wash		
Date:	Time:	Location:	<input type="checkbox"/> RLL <input type="checkbox"/> RUL <input type="checkbox"/> RML	
			<input type="checkbox"/> LLL <input type="checkbox"/> LUL	

**Collection instructions:** Collect 16-35 mL of bronchoscopy specimen. Label specimen with patient name, medical record number and time of collection. **SPLIT SPECIMEN IF TESTING FOR AMERIPATH IS ORDERED.** Please specify priority of testing if <11mL is sent to the laboratory. Deliver specimen immediately to the laboratory.

**Please check ordered tests:**

Test	Test Mnemonic	Optimal Volume	Minimum Volume
<b>Immunocompromised Panel</b>			
<b>Includes all tests listed below under Microbiology</b>	IMMUNO PANEL	20 mL	11 mL
<b>Microbiology/Molecular Diagnostics</b>			
Bacterial Culture & Gram Stain	C RESP GS	5 mL	2 mL
AFB Culture (includes stain)	C AFB	5 mL	3 mL
Fungal Culture	C FUNGUS	0.25 mL	0.25 mL
Fungal Stain (Silver stain)	FUN STAIN	0.25 mL	0.25 mL
CMV Qualitative PCR (done in Molecular)	CMV PCR QL	2 mL	0.75 mL
HSV Qualitative PCR (done in Molecular)	HSV PCR	1.5 mL	1 mL
Respiratory Virus PCR Panel (also includes Bordetella pertussis, Chlamydomphila pneumoniae and Mycoplasma pneumoniae)	RESP PL	1.5 mL	0.75 ml
Pneumocystis pneumonia (PCP) PCR	PNEUMOCYST	1 mL	0.5 mL
<b>Hematology</b>			
Cell count & diff	BRH LV CC BRH LV DIF	1.5mL	1.5 mL
<b>Flow Cytometry</b>			
Immune deficiency panel (includes CD3, CD4, CD8 & CD4/CD8 ratio)	IMM DEF P	Dependent on cell count	

**Legionella testing by urine antigen or serology is suggested if clinically indicated. A separate order is required.**

Ameripath – MUST USE SEPARATE AMERIPATH REQ!!!			
Has RT split specimen for Ameripath? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cytology		≥15 mL	5 mL
Hemosiderin macrophages			
Lipid laden macrophages			

Patient Label:	Special Instructions:
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**Laboratory Instructions:**

1. Order all requested test/s using the HLAB mnemonics provided.
2. Send a copy of the requisition and the specimen to **Microbiology**.
3. Note any special instructions in the field above (e.g. "Forward specimen and requisition to Flow").

**Not a Part of the Permanent Medical Record**