

**CPAL**

Central Pennsylvania Alliance Laboratory

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## Molecular Microbiology Requisition

### MicroID - Microbial Identification by rDNA Sequencing

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| <p><b>Client Information:</b></p> <p><b>Ordering Institution:</b></p> <p>Chambersburg Hospital <input type="checkbox"/>      Ephrata Hospital <input type="checkbox"/><br/>       Lancaster General Hospital <input type="checkbox"/>      Pinnacle Health <input type="checkbox"/><br/>       Reading Health <input type="checkbox"/>      York Hospital <input type="checkbox"/><br/>       Waynesboro Hospital <input type="checkbox"/>      Gettysburg Hospital <input type="checkbox"/></p> <p><b>Fax #</b> (for non-interfaced reports): _____</p> | <p><b>Patient Information (can use patient label):</b></p> <p>Name (Last, First): _____</p> <p>Date of Birth: _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Med Rec # / Patient #: _____</p> |
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- MICRO ID specimens must be submitted in PrepMan Ultra media (available from the CPAL Laboratory;717-851-1416).

*The submission of virulent microorganisms for sequencing identification poses a potential risk to the testing staff. Therefore, all specimens being submitted for 16S/18S sequencing must be submitted in the approved pre-treatment solution unless prior approval from a CPAL Director has been received. If specimens for 16s/18s sequencing identification are not submitted in a PrepMan Ultra tube provided by CPAL, it can be rejected for testing.*

*Due to the inherent danger and difficulties in dealing with certain microorganisms, isolates suspected of being any of the following should not be sent to CPAL for testing:*

*Bacillus anthracis (anthrax)*

- Place one small colony of organism into a labeled PrepMan Ultra tube.
- Provide as much information about the organism as possible (i.e., AFB? Mold? GNR? etc.).

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| <p><b>Specimen Information:</b></p> <p>Body Site: _____</p> <p>Collection Date: _____</p> <p>Specimen ID#: _____</p> <p>Other Comments:</p> | <p><b>DNA Organization:</b></p> <p><input type="checkbox"/> Prokaryote (16S)<br/>           <input type="checkbox"/> AFB<br/>           <input type="checkbox"/> Not AFB: GPC    GPB    GNC    GNB (circle one)</p> <p>Organism Suspected? _____</p> <p><input type="checkbox"/> Eukaryote (18S)<br/>           <input type="checkbox"/> Yeast<br/>           <input type="checkbox"/> Mold</p> <p>Organism Suspected? _____</p> |
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A copy of the report will be available once the testing is complete. Reports may be accessed online (if account is established), otherwise reports will be faxed to the number above.

**FOR CPAL USE ONLY**

Date Received: \_\_\_\_\_  
 MED REC #: \_\_\_\_\_  
 CPAL ACC #: \_\_\_\_\_