

# MICROBIOLOGY / IMMUNOLOGY

RUSH UNIVERSITY MEDICAL CENTER  
 RUSH MEDICAL LABORATORIES  
 CHICAGO, ILLINOIS 60612 (312) 942-2378  
 DIRECTOR: ROBERT DE CRESCE, M.D.

CALL RESULTS TO:  
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FAX RESULTS TO:  
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PATIENT NAME (LAST) (FIRST)

MR#

BIRTHDATE

SEX  M  F

\*PLEASE USE BLACK INK\*

DIAGNOSIS (MANDATORY)  
 ICD-10 CODE or NARRATIVE \_\_\_\_\_

## ALL INFORMATION MUST BE PROVIDED

COLLECTION DATE: \_\_\_\_\_ COLLECTION TIME: \_\_\_\_\_ A.M. P.M.

COLLECTED BY \_\_\_\_\_

REQUESTING PHYSICIAN \_\_\_\_\_ PAGER # \_\_\_\_\_

ANTIBIOTIC THERAPY \_\_\_\_\_

RESEARCH PATIENT NOT BILLED TO A FUND #, ENTER V70.7.

## THIS SECTION TO BE COMPLETED FOR OUTPATIENTS ONLY

<b>B</b>	<b>I</b>	<b>L</b>	<b>L</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b>	<b>I</b>	<b>O</b>	<b>N</b>	<b>I</b>	<b>N</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>M</b>	<b>A</b>	<b>T</b> </
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**IF POSITIVE, THE FOLLOWING TESTS WILL BE REFLEXED FOR FURTHER TESTING.**

RPR to titer and Confirmatory Testing	86593, 86781	ANCA to MPO and PR3	86021x2
VDRL to titer	86593	ANCA titer,	86256
HIV to HIV Western blot	86689	Chlamydia/GC PROBE to <i>Chlamydia trachomatis</i> Probe	
LYME ANTIBODY to LYME Western Blot	86617	and <i>N. gonorrhoeae</i> Probe	87490, 87590

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**AUTOIMMUNE PROFILE**

ANA (IFA) for titer and pattern	86039	If the ANA test is abnormal the following test(s)	
C3	86160	will be performed:	
C4	86160	Anti-ds-DNA	86225
CRP	86140	Anti-ENA (Sm, RNP)	86235X2
RF	86431	Anti-ENA (SS-A/SS-B)	86235X2

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**TORCH PANEL**

Cytomegalovirus IgG	86644	Rubella IgG	86762
Herpes simplex (Types 1 and 2) IgG	86694	Toxoplasma IgG	86777

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**HEPATITIS PANEL**

Hepatitis B Surface Antigen	87340	Hepatitis A IgM Antibody	86709
If positive, neutralization will be performed	87341	Hepatitis C Antibody	86803
Hepatitis B Core IgM Antibody	86705	If moderate or low level of antibody is detected, RIBA II confirmation will be performed	86804

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**HEPATITIS C ANTIBODY**

If moderate or low level of antibody is detected, RIBA II confirmation will be performed. 86804

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**CRYPTOCOCCAL ANTIGEN**

If positive, a titer will be determined 86406

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