

## DIAGNOSTIC MYCOPLASMA LABORATORY REQUEST FORM

### Ship To:

UAHSF DIAGNOSTIC MYCOPLASMA LAB  
1825 University Blvd - SHEL 476  
BIRMINGHAM, AL 35294  
Phone: 205-934-9142 FAX: 205-975-5965

HOURS OF OPERATION: M-F 8am - 5pm  
Website: [www.mycoplasma.uab.edu](http://www.mycoplasma.uab.edu)

### From:

Contact:  
Address:  
Phone:

### PATIENT INFORMATION *(attach patient label if possible)*

Patient Name: \_\_\_\_\_ Accn #: \_\_\_\_\_

Medical Record: \_\_\_\_\_ DOB: \_\_\_\_\_ Date Collected: \_\_\_\_\_

Physician: \_\_\_\_\_ Specimen Source: \_\_\_\_\_

PHONE NUMBER AND PERSON TO REPORT CRITICAL RESULT: \_\_\_\_\_

FAX NUMBER TO REPORT FINAL RESULTS: \_\_\_\_\_

Billing Information: \_\_\_\_\_  
(Contact person and Email to send invoice)

**Please be sure to include billing information as we DO NOT Invoice Insurance companies. Alternatively, the patient may submit a check for each test ordered.**

| Culture –   | CPT Code                   | Test Requested |
|---|----------------------------|----------------|
| <b>Urogenital Culture-</b> (held 7-10 days)<br>Culture for Ureaplasma spp and Mycoplasma spp, not Mycoplasma pneumoniae<br>Does not include PCR speciation  | 87109                      |                |
| <b>Neonatal Culture-</b> (held 7-10 days)<br>Culture for Ureaplasma spp and Mycoplasma spp, not Mycoplasma pneumoniae<br>Does not include PCR speciation  | 87109                      |                |
| <b>Respiratory Culture-</b> (held 4-6 weeks)<br>Ureaplasma and Mycoplasma spp including Mycoplasma pneumoniae. If positive for Mycoplasma sp. reflexive PCR test for Mycoplasma pneumoniae will be performed.     | 87109                      |                |
| <b>Miscellaneous body fluid/tissue</b> (held 4-6 weeks)<br>Ureaplasma and Mycoplasma spp. Including Mycoplasma pneumoniae. If positive for mycoplasma sp. Reflexive testing for Mycoplasma PCR will be performed. | 87109                      |                |
| <b>Antimicrobial Susceptibility-</b> 10-14 day turnaround time  |                            |                |
| <b>AST with Culture</b><br>Ureaplasma and M. pneumoniae: Erythromycin, Tetracycline and Moxifloxacin<br>Mycoplasma sp: Clindamycin, Tetracycline and Moxifloxacin   | 87109(Cult)<br>87186 (AST) |                |
| <b>Additional Antimicrobials upon request (if available)</b>  | 87186                      |                |
| <b>PCR-</b> 1-5 day turnaround time   |                            |                |
| <b>PCR M. pneumoniae</b><br>Including reflexive test for macrolide resistance,  | 87581                      |                |
| <b>PCR Mycoplasma hominis</b>   | 87798                      |                |
| <b>PCR Mycoplasma genitalium</b><br>Includes detection of macrolide and fluoroquinolone resistance.   | 87798                      |                |
| <b>PCR Ureaplasma species</b><br>Distinguishes U.urealyticum and U.parvum.  | 87798                      |                |

Note: Culture and PCR tests may be performed on the same specimen tube.

Type of Transport Broth: \_\_\_\_\_

# Packing Slip for Specimens and Samples

## UAHSF Diagnostic Mycoplasma Laboratory

**Ship to:**

UAHSF Diagnostic Mycoplasma Laboratory  
1825 University BLVD – SHEL 476  
Birmingham, AL 35294  
Phone: 205-934-9142

**FAX: 205-975-5965**

**From:**

Client Name:  
Hospital/Clinic:  
Address:

Phone:

All packages sent to the UAHSF Diagnostic Mycoplasma Laboratory must include a specimen packing slip, printed transfer log or shipping manifest.

The laboratory will verify the package contents with the enclosed packing slip.

If contents are missing from the shipment, you will be notified immediately.

If the shipment is received after 4pm, you will be notified the next business day.

This packing slip does not take the place of a requisition form. Please verify that requisition forms for each patient are included.

Please ship specimens: Monday- Thursday for Tuesday- Friday delivery.

**Date of Shipment:**

**Shipping Method:**

**Tracking number:**

| Quantity | Patient Name (or place patient Label) | MR# or ID number | Received |
|----------|---------------------------------------|------------------|----------|
|          |                                       |                  |          |
|          |                                       |                  |          |
|          |                                       |                  |          |
|          |                                       |                  |          |
|          |                                       |                  |          |

**Please Fax to: Diagnostic Mycoplasma Laboratory  
205-975-5965 to alert lab of shipment**