Clinical Laboratory Order Form - Microbiology Services

Date:

Ordered By

Physician's Name:
Address 1:
Address 2:
City, State, Zip:
Phone: Fax:
email:

Patient Information

Name:
Date of Birth:
Address 1:
Address 2:
City, State, Zip:
Phone: Fax:
email:
Contact Name:

Clongen laboratories, llc
Committed to Scientific Excellence

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Print Form

Medical History (optional)

Name of Disease:
Date of Treatment:

Specimen Type (Please check Box)

- ☐ Whole Blood (purple-top (EDTA) tube)
- ☐ Wound (List source)
- ☐ Urine
- ☐ Sputum
- ☐ Swab
- ☐ Semen
- ☐ Cerebrospinal Fluid (CSF)
- ☐ Other:

Please Select Requested Tests

☐ Routine Culture and Identification (Bacteria)	$175
☐ Blood Culture and Identification (Bacteria)	$225
☐ Stool Ova and Parasite Examination	$175
☐ Culture for Fungi and Yeast - Identification	$200
☐ Whole Blood Wet Mount Examination	$195

Antimicrobial Sensitivity Charges apply only if the test is performed

Payment Method: ◯ ***Credit Card*** ◯ ***Check***

Card Number:
Expiration Date:
Cardholder Name:
Check #
Amount $

Signed By

Internal Use Only

Payment Received:	◯ CC ◯ Check
Order Completed:	
Report Date:	

Accession #