

**MEDICAL  
TEST REQUISITION**

**ORDERING FACILITY**

|                     |       |              |
|---------------------|-------|--------------|
| Facility Name:      |       | Customer ID: |
| Address:            | City: | State/ZIP:   |
| Laboratory Contact: |       | Phone #:     |
| E-mail:             |       | FAX #:       |

**PATIENT INFORMATION**

Complete patient information or attach patient specimen label below.  
Two unique patient identifiers are required on specimen container.

|                             |
|-----------------------------|
| Patient Name (Last, First): |
| Date of Birth:              |
| Specimen Collection Date:   |
| Ordering Physician Name:    |

**ANTIGEN DETECTION**

**ANTIBODY DETECTION**

| Test Code | Test Name<br><i>please circle</i>                             | Accession #<br>& Specimen Type<br><i>please circle</i> | Specimen<br>Storage  | Test Code | Test Name<br><i>please circle</i>                       | Accession #<br>& Specimen Type<br><i>please circle</i> | Specimen<br>Storage  |
|-----------|---|--|--|-----------|---|--|--|
| 309       | <b>Aspergillus</b><br>Antigen EIA                             | SER BAL CSF*   | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> | 322       | <b>Blastomyces</b><br>Antibody by<br>Immunodiffusion    | SER  | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> |
|           |   | Other:   |  |           |   |  |  |
| 316       | <b>MVista®<br/>Blastomyces</b><br>Quantitative<br>Antigen EIA | SER UR BAL CSF   | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> | 320       | <b>Coccidioides</b><br>Antibody by<br>Immunodiffusion   | SER  | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> |
|           |   | Other:   |  |           |   |  |  |
| 315       | <b>MVista® Coccidioides</b><br>Quantitative Antigen<br>EIA    | SER UR BAL CSF   | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> | 321       | <b>Histoplasma</b><br>Antibody by<br>Immunodiffusion    | SER  | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> |
|           |   | Other:   |  |           |   |  |  |
| 310       | <b>MVista®<br/>Histoplasma</b><br>Quantitative Antigen<br>EIA | SER UR BAL CSF   | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> | 324       | <b>Aspergillus</b> Antibody<br>by Immunodiffusion       | SER  | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> |
|           |   | Other:   |  |           |   |  |  |
| 319       | <b>Cryptococcus</b><br>Antigen, Latex<br>Agglutination        | SER CSF  | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> | 325       | <b>MVista®<br/>Coccidioides IgG,IgM</b><br>Antibody EIA | SER CSF**  | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> |
|           |   | Other:   |  |           |   |  |  |
| 317       | <b>(1→3) β-D Glucan</b><br>Colorimetric Assay                 | SER CSF*   | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> | 326       | <b>MVista®<br/>Histoplasma IgG,IgM</b><br>Antibody EIA  | SER CSF**  | Refrig <input type="checkbox"/><br>Frozen <input type="checkbox"/> |
|           |   | Other:   |  |           |   |  |  |

\*validated at MiraVista Diagnostics

\*\*will report with rare specimen comment

Due to HIPAA regulations, results will only be sent to the FAX number(s) listed above.  
Invoices will be sent to Facility detailed above. WE DO NOT BILL PATIENTS or INSURANCE.

For specimen handling requirements, turn around time, and hours of operation, visit [www.miravistalabs.com](http://www.miravistalabs.com)

**Ship to: MiraVista Diagnostics**  
4705 Decatur Blvd., Indianapolis, IN 46241