MiraVista DIAGNOSTICS

MEDICAL TEST REQUISITION

Phone: 866-647-2847
Fax: 317-856-3685
www.miravistalabs.com

Affix patient specimen label here	This area reserved for MiraVista use only.

ORDERING FACILITY INFORMATION

Facility Name:		Customer ID:	
Address:	City:	State:	Zip:
Contact Name:	Phone#:		
Email:		Fax:	

PATIENT INFORMATION (if specimen label not affixed to requisition)

Last Name:	First Name:	Middle Name:	Date of Birth:
Collection Date:	Ordering Physician:	Accession#	

Antigen Testing

Test Code	Test
☐ 309	Aspergillus Antigen EIA ☐ SER ☐ CSF ☐ BAL ☐ Other*:
☐ 316	MVista® Blastomyces Quantitative Antigen EIA ☐ UR ☐ SER ☐ CSF ☐ BAL ☐ PLA ☐ Other*:
☐ 315	MVista® Coccidioides Quantitative Antigen EIA ☐ UR ☐ SER ☐ CSF ☐ BAL ☐ PLA ☐ Other*:
☐ 310	MVista® Histoplasma Quantitative Antigen EIA ☐ UR ☐ SER ☐ CSF ☐ BAL ☐ PLA ☐ Other*:
☐ 319	Cryptococcus Antigen, Latex Agglutination ☐ SER ☐ CSF
☐ 317	β-D Glucan Colorimetric Assay ☐ SER ☐ CSF

*Will be reported with a "Rare Specimen Type" comment.

Antibody Testing

Test Code	Test
☐ 322	Blastomyces Antibody, FID ☐ SER ☐ PLA* ☐ CSF*
☐ 320	Coccidioides Antibody, FID ☐ SER ☐ PLA* ☐ CSF*
☐ 321	Histoplasma Antibody, FID ☐ SER ☐ PLA* ☐ CSF*
☐ 324	Aspergillus Antibody, FID ☐ SER ☐ PLA* ☐ CSF*
☐ 325	MVista® Coccidioides IgG, IgM Antibody, EIA ☐ SER ☐ PLA* ☐ CSF*
☐ 326	MVista® Histoplasma IgG, IgM Antibody, EIA ☐ SER ☐ PLA* ☐ CSF*
☐ 331	MVista® Blastomyces IgG Antibody, EIA ☐ SER ☐ PLA*

Molecular Testing

Test Code	Test
☐ 402	MVista® Pneumocystis DNA, PCR ☐ BAL ☐ Trach Asp* ☐ Bronch Wash*

Due to HIPAA regulations, results will only be sent to the fax number listed above.
Invoices will be sent to the ordering facility. **We do not bill patient insurance.**
For specimen handling requirements, turn around time and hours of operation, visit www.miravistalabs.com
SHIP TO: MIRAVISTA DIAGNOSTICS 4705 DECATUR BLVD. INDIANAPOLIS, IN 46241