

DATE: _____ DIAGNOSIS: _____

BRONCHIAL WASHES:

- _____ Bacterial Smear and Culture
- _____ Fungal Culture
- _____ Viral Culture
- _____ AFB Smear and Culture
- _____ Cytology
- _____ Cytology for Pneumocystis
- _____ Immunofluorescence for Pneumocystis

BRONCHOALVEOLAR LAVAGE (BAL) - LOCATION _____ :

- _____ Bacterial Smear and Culture
- _____ Fungal Culture
- _____ Viral Culture
- _____ AFB Smear and Culture
- _____ Cytology
- _____ Cytology for Pneumocystis
- _____ Immunofluorescence for Pneumocystis

BARTLETT BRUSHES - LOCATION _____ :

- _____ Bacterial Aerobic Culture
- _____ Bacterial Anaerobic Culture

CYTOLOGY BRUSHES - LOCATION _____ :

- _____ Cytology

ENDOBRONCHIAL BIOPSY - LOCATION _____ :

- _____ Pathology
- _____ AFB Stains
- _____ AFB Smear and Culture
- _____ Other

TRANSBRONCHIAL BIOPSY - LOCATION _____ :

- _____ Pathology
- _____ AFB Stains
- _____ AFB Smear and Culture
- _____ Other

Date _____ Time _____ Physician Signature _____



Bronchoscopy Sample Order Form

PATIENT IDENTIFICATION