BACTERIOLOGY / BIOTERRORISM / MOLECULAR DIAGNOSTICS / TB TEST REQUEST FORM

UNIFIED STATE LABORATORIES: PUBLIC HEALTH
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FOR USLPH USE ONLY

LAB#:

DATE STAMP:

TESTING WILL NOT BE PERFORMED UNLESS SLIP IS COMPLETELY FILLED OUT. PLEASE PRINT CLEARLY FOR ACCURACY.

PATIENT INFORMATION:

Patient Name (Last, First):

Patient ID #: Your ID number for patient if you would like it on the report for your records	**DATE OF BIRTH** (mm/dd/yy) _____/_____/_____	**AGE:**	**SEX:** (circle one) M F

PROVIDER INFORMATION
Provider Code:

Physician: Enter of available for TB Program_____
Provider Phone: _____
Provider Email: _____
Secure Fax #: _____

SPECIMEN COLLECTION DATE
(mm/dd/yy)
_____/_____/_____

SPECIMEN SOURCE/SITE (CHOOSE 1):

[ ] Blood
[ ] Bronchoalveolar lavage (BAL)
[ ] Bronchial aspirate
[ ] Bronchial wash
[ ] Cerebrospinal Fluid (CSF)
[ ] Cervix
[ ] Endotracheal aspirate
[ ] Endotracheal wash
[ ] Environmental (specify):_____
[ ] Fluid (specify):_____
[ ] Food (specify):_____
[ ] Isolate (source):_____
[ ] Lesion (site):_____
[ ] Nasal (specify: aspirate / swab / wash)
[ ] Nasopharyngeal swab
[ ] Combined nasopharyngeal-throat swab
[ ] Plasma
[ ] Rectum
[ ] Scab
[ ] Serum
[ ] Skin
[√] Sputum (circle: natural/induced)
[ ] Swab (specify site):_____
[ ] Stool
[ ] Throat swab
[ ] Tissue (specify):_____
[ ] Tracheal aspirate
[ ] Urethra
[ ] Urine
[ ] Vagina
[ ] Vomitus
[ ] Wound/Abcess

[ ] Other (specify):_____

STATE OF ORIGIN OF PATIENT/SAMPLE

IF UT PATIENT: COUNTY

ADDITIONAL INFORMATION (List pertinent information including presumptive ID):

BACTERIOLOGY/ MOLECULAR / TB TESTS:

[ ] Bacterial Culture
[ ] Bacterial ID / Referral
[ ] Bordetella pertussis PCR Referral
[ ] Influenza A & B Virus PCR (with subtyping)**
[√] Mycobacterial Culture
[ ] Mycobacterial Referral
[ ] Norovirus PCR
[ ] West Nile Virus IgM (Human)

[ ] Other (specify):_____

**Reason for testing:_____

BIOTERRORISM TESTS (Notify Lab before submitting):

[ ] Bacillus anthracis
[ ] Burkholderia mallei/pseudomallei
[ ] Brucella spp.
[ ] Clostridium botulinum culture & toxin
[ ] Coxiella burnetii
[ ] Francisella tularensis
[ ] Orthopox virus
[ ] Vaccinia virus
[ ] Varicella zoster virus
[ ] Variola virus
[ ] Yersinia pestis

[ ] Brucella spp. Microagglutination
[ ] Francisella tularensis Microagglutination
[ ] Yersinia pestis Hemagglutination

[ ] Other (specify):_____