

# MICROBIOLOGY TEST REQUEST FORM

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FOR USLPH USE ONLY  
 LAB# \_\_\_\_\_

DATE STAMP \_\_\_\_\_

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

**PATIENT INFORMATION:**

SAMPLE STATE OF ORIGIN:	UTAH PATIENT/SAMPLE COUNTY OF ORIGIN:	ZIP CODE:	DATE OF BIRTH (mm/dd/yyyy) ____/____/____	AGE	SEX M F
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PATIENT NAME (Last, First): \_\_\_\_\_

PATIENT ID #	ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	RACE <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> American Indian or Alaska Native
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<b>PROVIDER INFORMATION</b> Provider Code: _____ Physician: _____ Provider Phone: _____ Provider Email: _____ Secure Fax #: _____	<b>SPECIMEN COLLECTION DATE AND TIME</b> (mm/dd/yy) ____/____/____  Time: _____
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**SPECIMEN SOURCE/SITE (CHOOSE 1):**

<input type="checkbox"/> Blood	<input type="checkbox"/> Environmental (specify): _____	<input type="checkbox"/> Plasma	<input type="checkbox"/> Throat swab
<input type="checkbox"/> Bronchoalveolar lavage	<input type="checkbox"/> Fluid (specify): _____	<input type="checkbox"/> Rectum	<input type="checkbox"/> Tissue (specify): _____
<input type="checkbox"/> Bronchial aspirate	<input type="checkbox"/> Food (specify): _____	<input type="checkbox"/> Scab	<input type="checkbox"/> Tracheal aspirate
<input type="checkbox"/> Bronchial wash	<input type="checkbox"/> Isolate (source): _____	<input type="checkbox"/> Serum	<input type="checkbox"/> Urethra
<input type="checkbox"/> Cerebrospinal Fluid	<input type="checkbox"/> Lesion (site): _____	<input type="checkbox"/> Skin	<input type="checkbox"/> Urine
<input type="checkbox"/> Cervix	<input type="checkbox"/> Nasal (aspirate /swab / wash)	<input type="checkbox"/> Sputum (natural / induced)	<input type="checkbox"/> Vagina
<input type="checkbox"/> Endotracheal aspirate	<input type="checkbox"/> Nasopharyngeal swab	<input type="checkbox"/> Swab (specify site): _____	<input type="checkbox"/> Vomitus
<input type="checkbox"/> Endotracheal wash	<input type="checkbox"/> Nasopharyngeal-throat swab	<input type="checkbox"/> Stool	<input type="checkbox"/> Wound/Abcess
			<input type="checkbox"/> Other (specify): _____

**BACTERIOLOGY/TUBERCULOSIS TESTS      IMMUNOLOGY / VIROLOGY TESTS**

<input type="checkbox"/> Bacterial Culture <input type="checkbox"/> Bacterial ID / Referral Presumptive ID: _____ <input type="checkbox"/> <i>Mycobacterial</i> culture <input type="checkbox"/> <i>Mycobacterial</i> referral Presumptive ID: _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> <i>Chlamydia</i> and <i>Gonorrhea</i> by NAAT <input type="checkbox"/> Symptomatic <input type="checkbox"/> Patient request <input type="checkbox"/> Pregnancy test only visit <input type="checkbox"/> IUD insertion <input type="checkbox"/> Positive CT in the past 12 months <input type="checkbox"/> Cervical friability <input type="checkbox"/> Client meets screening criteria <input type="checkbox"/> Mucopus <input type="checkbox"/> New partner in the last 60 days <input type="checkbox"/> PID <input type="checkbox"/> >1 partner in the last 60 days <input type="checkbox"/> Urethritis	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> QuantIFERON-TB Gold QuantIFERON specimen required information Incubation start time _____ Blood draw date/time: _____ Incubation end time _____ Signature: _____ Incubation at 37°C completed? YES NO
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<b>BIOTERRORISM TESTS</b> (Notify Lab before submitting) <input type="checkbox"/> <i>Bacillus anthracis</i> <input type="checkbox"/> <i>Brucella</i> spp. <input type="checkbox"/> <i>Brucella</i> spp. Microagglutination <input type="checkbox"/> <i>Burkholderia mallei/pseudomallei</i> <input type="checkbox"/> <i>Clostridium botulinum</i> culture & toxin <input type="checkbox"/> <i>Coxiella burnetii</i> <input type="checkbox"/> <i>Francisella tularensis</i> <input type="checkbox"/> <i>F. tularensis</i> microagglutination <input type="checkbox"/> Orthopox virus <input type="checkbox"/> Vaccinia virus <input type="checkbox"/> Varicella zoster virus <input type="checkbox"/> Variola virus <input type="checkbox"/> <i>Yersinia pestis</i> <input type="checkbox"/> <i>Yersinia pestis</i> hemagglutination <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Colorado tick fever <input type="checkbox"/> Cytomegalovirus <input type="checkbox"/> HBsAb (antibody) <input type="checkbox"/> HBsAg (antigen) <input type="checkbox"/> HCVAb (antibody)  <input type="checkbox"/> HIV EIA HIV specimen required information <input type="checkbox"/> Repeat testing of reactive <input type="checkbox"/> Rapid test Reactive confirmation  <input type="checkbox"/> Hantavirus (Sin Nombre) <input type="checkbox"/> Herpes simplex virus with typing <input type="checkbox"/> Influenza A & B virus PCR (with subtyping) <input type="checkbox"/> Hospitalized w/ Influenza-like illness <input type="checkbox"/> Sentinel site <input type="checkbox"/> Other (i.e., cluster investigation) Cluster location: _____ Other reason for testing: _____	<input type="checkbox"/> Syphilis IgG EIA Syphilis specimen required information <input type="checkbox"/> Previous positive RPR <input type="checkbox"/> Previous positive IgG EIA <input type="checkbox"/> Previous positive FTA/TPPA  <input type="checkbox"/> Varicella zoster virus <input type="checkbox"/> Virus identification Virus suspected: _____ <input type="checkbox"/> West Nile virus IgM (Human)
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**ADDITIONAL INFORMATION: MARK ALL THAT APPLY**

<input type="checkbox"/> Acute Serum (mm/dd/yyyy) ____/____/____	<input type="checkbox"/> Disease suspected: _____	<input type="checkbox"/> Exposure
<input type="checkbox"/> Convalescent Serum (mm/dd/yyyy) ____/____/____	<input type="checkbox"/> Employee medical screen	<input type="checkbox"/> Work related
<input type="checkbox"/> Presumptive ID: _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Pre-natal / Perinatal

**COMMENTS:**

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