

**LABORATORY TEST REQUEST FORM**

SUBMITTER INFORMATION (Required)*		PATIENT INFORMATION (Required)*		
Submitter Name*		Account #*	Last Name*	
Submitter Street Address*		First Name*		MI
Submitter City/State/Zip*		Medical Record #*		
Physician Name	Physician Phone #	DOB (mm/dd/yyyy) *		Race*
<input type="checkbox"/> Phone # or <input type="checkbox"/> Fax # (check one) for Results:		Patient Address (Street#/City/State/Zip Code) *		Travel History
SPECIMEN INFORMATION (Required)*				
Date of Collection*	Time of Collection*			
Specimen Source or Type*				
Date of Symptom Onset*				

**VIROLOGY/SEROLOGY**

HHD PROGRAM (if applicable): <input type="checkbox"/> FAMILY PLANNING <input type="checkbox"/> STD <input type="checkbox"/> TB <input type="checkbox"/> MOBILE UNIT <input type="checkbox"/> DIS <input type="checkbox"/> OTHER		
<p><b>Serology Test Menu</b></p> <p>6000 <input type="checkbox"/> RPR 6008 <input type="checkbox"/> TPPA</p> <p>6410 <input type="checkbox"/> HBsAG 6430 <input type="checkbox"/> Anti-HBs 6440 <input type="checkbox"/> Anti-HBc 6450 <input type="checkbox"/> Anti-HBc IgM 6412 <input type="checkbox"/> HCV RNA NAAT 6415 <input type="checkbox"/> Hepatitis C EIA 6434 <input type="checkbox"/> Hepatitis C Virus Genotyping</p> <p>6023 <input type="checkbox"/> HIV-1 RNA NAAT (Qualitative) 6028 <input type="checkbox"/> BioPlex HIV Ag-Ab EIA 6027 <input type="checkbox"/> HIV Geenius Supplemental Assay 6510 <input type="checkbox"/> HIV-1 Western Blot</p> <p>6020 <input type="checkbox"/> Rubella IgG EIA 6040 <input type="checkbox"/> Mumps IgG EIA 6050 <input type="checkbox"/> Varicella-Zoster IgG EIA 6060 <input type="checkbox"/> Rubeola (Measles) IgG EIA</p>	<p><b>Virology Test Menu</b></p> <p>6034 <input type="checkbox"/> Respiratory Virus Panel (Molecular) 6108 <input type="checkbox"/> Influenza A/B RT-PCR 6136 <input type="checkbox"/> Arbovirus MIA (Serum) 6139 <input type="checkbox"/> Arbovirus MIA (CSF) 6190 <input type="checkbox"/> Herpes Culture Source: _____ 6210 <input type="checkbox"/> Cytomegalovirus Culture 6320 <input type="checkbox"/> Chlamydia Culture Source: _____ 6331 <input type="checkbox"/> Viral Screen 6340 <input type="checkbox"/> Enterovirus Typing</p> <p><input type="checkbox"/> Other _____</p> <p><b>Rabies Testing**</b></p> <p>6572 <input type="checkbox"/> Rabies DFA</p> <p><i>** Form HHD-R must be filled out completely and properly for Rabies Testing:</i> <a href="http://www.houstontx.gov/health/Lab/Rabies%20Fillable%20Form.pdf">http://www.houstontx.gov/health/Lab/Rabies%20Fillable%20Form.pdf</a></p> <p><i>For Laboratory Use Only</i> Specimen Received:</p> <p><input type="checkbox"/> Room Temp <input type="checkbox"/> Cold <input type="checkbox"/> Frozen</p>	<p><b>Surveillance Testing</b></p> <p>250 <input type="checkbox"/> RPR 251 <input type="checkbox"/> TP-PA 252 <input type="checkbox"/> HIV Combo Ag/Ab EIA 253 <input type="checkbox"/> Hepatitis C EIA 255 <input type="checkbox"/> Hepatitis B Screen 258 <input type="checkbox"/> Arbovirus 259 <input type="checkbox"/> Varicella-Zoster EIA 260 <input type="checkbox"/> Rubella EIA 261 <input type="checkbox"/> Rubeola (Measles) EIA 262 <input type="checkbox"/> Mumps EIA 263 <input type="checkbox"/> Viral Screen 264 <input type="checkbox"/> Enterovirus Typing 265 <input type="checkbox"/> Influenza A/B RT-PCR 285 <input type="checkbox"/> Rabies** <input type="checkbox"/> Other _____</p> <p><b>Molecular Diagnostics (Surveillance)</b></p> <p>286 <input type="checkbox"/> MERS-CoV RT-PCR 2821 <input type="checkbox"/> Norovirus RT-PCR <input type="checkbox"/> Other _____</p>