



LABORATORY TEST REQUEST FORM

SUBMITTER INFORMATION (Required)*		PATIENT INFORMATION (Required)*		
Submitter Name*		Account #*	Last Name*	
Submitter Address (Street/City/State/Zip)*		First Name*		MI
Physician Name*	Physician Phone #*		Medical Record #*	
Physician Address (Street/City/State/Zip)*		DOB (mm/dd/yyyy)*		Race*
Phone # or Fax # (circle one) for Results*		Patient Address (Street/City/State/Zip)		
SPECIMEN INFORMATION (Required)*				
Date of Collection*	Time of Collection*			
Specimen Source or Type*				

Medical Microbiology

HHD PROGRAM (if applicable): FAMILY PLANNING STD TB MOBILE UNIT DIS OTHER _____

Bacteriology Test Menu

- 0202 ID Ref. Culture, *Neisseria meningitidis*
- 0203 ID Ref. Culture, *E. Coli* (Shiga toxin)
- 0204 ID Ref. Culture, *Vibrio* spp.
- 0205 ID Ref. Culture, *H. influenzae*
- 0207 ID Ref. Culture, *L. monocytogenes*
- 0208 ID Ref. Culture, *Campylobacter* spp.
- 2205 ID Ref. Culture, *Salmonella* serotyping
- 2210 ID Ref. Culture, *Shigella* serotyping
- 0201 Stool Culture, *E. coli* (Shiga toxin)
- 2000 Bacterial Identification by MALDI-TOF
- 2005/213 Stool Culture (All Enteric Pathogens)
- 2110 Culture, *Legionella pneumophila*
- 2115 Smear, *Legionella pneumophila* DFA
- 2120 Culture, *Bordetella pertussis*
- 2125 Smear, *Bordetella pertussis* DFA
- 2621/214 Stool Culture, *Salmonella*
- 2622/215 Stool Culture, *Shigella*
- Other _____

Mycobacteriology Test Menu

- 2405 AFB Culture, Primary
- 2406 AFB Smear, Fluorochrome
- 2414 AFB Identification by MALDI-TOF
- 2446/2447 MTB Susceptibility, Broth, Primary
- 2451 *M. kansasii* Susceptibility, Agar, Rifampin
- 2452 MTB Susceptibility, Broth, PZA only
- 2454 MTB Susceptibility, Agar, Second Line

Interferon- γ Release Assay (IGRA)

- 3426 QuantIFERON TB Gold Plus (QFT)
- Specimen Incubated YES NO
- Start Time: _____ Temp: _____ Date: _____
- By: _____
- End Time: _____ Temp: _____ Date: _____
- By: _____
- Other _____

Health Center Support Test Menu

- 2340/2341 APTIMA GC/CT (Cervical)
- 2342/2343 APTIMA GC/CT (Urine)
- 2344/2345 APTIMA GC/CT (Urethral)
- 2346/2347 APTIMA GC/CT (Vaginal)
- 2350/2351 APTIMA GC/CT (Oral)
- 2352/2353 APTIMA GC/CT (Rectal)
- Other _____

Molecular Diagnostics/LRN Test Menu

- 2901/272 ID Ref. Culture/PCR
Bacillus anthracis
- 2902/271 ID Ref. Culture/PCR
Burkholderia mallei/pseudomallei
- 2903/276 ID Ref. Culture/PCR
Francisella tularensis
- 2905/280 ID Ref. Culture/PCR, *Y. pestis*
- 2906/273 ID Ref. Culture/PCR, *Brucella* spp.

For Laboratory Use Only

- Specimen Received:
 Room Temp Cold Frozen

CRE/CRPA/CRAB/Candida spp. Antibiotic Resistance Testing

- 0217 ID Ref. Culture, Carbapenem Resistant Enterobacteriaceae (CRE) Confirmation ID: _____
- 0221 ID Ref. Culture, Carbapenem Resistant Acinetobacter (CRAB) Confirmation ID: _____
- 0218 ID Ref. Culture, Carbapenem Resistant *Pseudomonas aeruginosa* (CRPA) Confirmation ID: _____
- 0245 ID Ref. Culture, *Candida* spp.

Please attach copy of previous lab results including AST results for all tests.