For HDHHS Use Only
Place HDHHS Bar Code Label Here

Houston Department of Health and Human Services
Bureau of Laboratory Services
2250 Holcombe Blvd. Houston TX 77030
Phone 832.393.3900 Fax 832.393.3992

SUBMITTER INFORMATION (*Required*)*		PATIENT INFORMATION (*Required*)*		
Submitter Name*		Last Name*		
Submitter Address*		First Name*		MI
Account #*		Medical Record #*	SS#	
Physician Name*	Physician Phone	DOB (mm/dd/yyyy)*	Race*	Sex*
SPECIMEN INFORMATION (*Required*)*		(*Affix patient label here*)		
Date of Collection*	Time of Collection*			
Specimen Source or Type*				

Medical Microbiology

GENERAL BACTERIOLOGY

Reference Culture
- ☐ 208 ID Reference Culture, Campylobacter species
- ☐ 203 ID Reference Culture, E. coli (Shiga toxin)
- ☐ 205 ID Reference Culture, Haemophilus influenzae typing
- ☐ 207 ID Reference Culture, Listeria monocytogenes
- ☐ 202 ID Reference Culture, Neisseria meningitidis typing
- ☐ 2205 ID Reference Culture, Salmonella serotyping
- ☐ 2210 ID Reference Culture, Shigella serotyping
- ☐ 204 ID Reference Culture, Vibrio species
- ☐ 0000 Other_____

Primary Culture/Clinical Specimens
- ☐ 2125 Smear, Bordetella pertussis DFA
- ☐ 2120 Culture, Bordetella pertussis
- ☐ 2115 Smear, Legionella pneumophila DFA
- ☐ 2110 Culture, Legionella pneumophila
- ☐ 2106 Culture, Neisseria gonorrhoeae
- ☐ 201 Stool, E. coli (Shiga toxin)
- ☐ 2005 Stool Culture (All Enteric Pathogens)
- ☐ 2621 Stool Culture, Salmonella
- ☐ 2622 Stool Culture, Shigella
- ☐ 0000 Other_____

LRN Reference Testing
- ☐ 2901 ID Reference Culture, Bacillus anthracis
- ☐ 2906 ID Reference Culture, Brucella species
- ☐ 2902 ID Reference Culture, Burkholderia mallei/pseudomallei
- ☐ 2903 ID Reference Culture, Francisella tularensis
- ☐ 2905 ID Reference Culture, Yersinia pestis
- ☐ 0000 Other_____

MYCOBACTERIOLOGY

- ☐ 2406 AFB Smear, Fluorochrome
- ☐ 2405 AFB Culture, Primary
- ☐ 2415 AFB Identification, HPLC
- ☐ 2451 AFB Susceptibility, Agar, Rifampin Only -for M. kansasii
- ☐ 2454 AFB Susceptibility, Agar, Secondary Panel
- ☐ 2446 AFB Susceptibility, Broth, MTB complex
- ☐ 2452 AFB Susceptibility, Broth, PZA Only
- ☐ 0000 Other_____

- ☐ 2412 QuantiFERON® TB Gold In Tube
- ☐ 2424 QuantiFERON® TB Gold In Tube *(U Houston Only)*

Specimen Incubated ☐ YES ☐ NO
Start Time:_____ Temp:_____ Date: _____ By: _____
End Time:_____ Temp:_____ Date: _____ By: _____

GC/CT NUCLEIC ACID AMPLIFICATION TEST (*Gonorrhoeae/Chlamydia*)

- ☐ 2321 GC/CT Endocervical
- ☐ 2322 GC/CT Urine
- ☐ 2324 GC/CT Urethral
- ☐ 2326 GC/CT Vaginal
- ☐ 0000 Other_____