



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 \_\_\_\_\_

<p><b>Bacteriology Test Menu</b></p> <p>0202 <input type="checkbox"/> ID Ref. Culture, <i>Neisseria meningitidis</i></p> <p>0203 <input type="checkbox"/> ID Ref. Culture, <i>E. Coli</i> (Shiga toxin)</p> <p>0204 <input type="checkbox"/> ID Ref. Culture, <i>Vibrio</i> spp.</p> <p>0205 <input type="checkbox"/> ID Ref. Culture, <i>H. influenzae</i></p> <p>0207 <input type="checkbox"/> ID Ref. Culture, <i>L. monocytogenes</i></p> <p>0208 <input type="checkbox"/> ID Ref. Culture, <i>Campylobacter</i> spp.</p> <p>2205 <input type="checkbox"/> ID Ref. Culture, <i>Salmonella</i> serotyping</p> <p>2210 <input type="checkbox"/> ID Ref. Culture, <i>Shigella</i> serotyping</p> <p>0201 <input type="checkbox"/> Stool Culture, <i>E. coli</i> (Shiga toxin)</p> <p>2000 <input type="checkbox"/> Bacterial Identification by MALDI-TOF</p> <p>2005/213 <input type="checkbox"/> Stool Culture (All Enteric Pathogens)</p> <p>2110 <input type="checkbox"/> Culture, <i>Legionella pneumophila</i></p> <p>2115 <input type="checkbox"/> Smear, <i>Legionella pneumophila</i> DFA</p> <p>2120 <input type="checkbox"/> Culture, <i>Bordetella pertussis</i></p> <p>2125 <input type="checkbox"/> Smear, <i>Bordetella pertussis</i> DFA</p> <p>2621/214 <input type="checkbox"/> Stool Culture, <i>Salmonella</i></p> <p>2622/215 <input type="checkbox"/> Stool Culture, <i>Shigella</i></p> <p>Other _____</p>	<p><b>Mycobacteriology Test Menu</b></p> <p>2405 <input type="checkbox"/> AFB Culture, Primary</p> <p>2406 <input type="checkbox"/> AFB Smear, Fluorochrome</p> <p>2414 <input type="checkbox"/> AFB Identification by MALDI-TOF</p> <p>2446/2447 <input type="checkbox"/> MTB Susceptibility, Broth, Primary</p> <p>2451 <input type="checkbox"/> <i>M. kansasii</i> Susceptibility, Agar, Rifampin</p> <p>2452 <input type="checkbox"/> MTB Susceptibility, Broth, PZA <u>only</u></p> <p>2454 <input type="checkbox"/> MTB Susceptibility, Agar, Second Line</p> <p><b>Interferon- <math>\gamma</math> Release Assay (IGRA)</b></p> <p>2412/2411 <input type="checkbox"/> QuantiFERON TB Gold Plus (QFT)</p> <p>2424/2425 <input type="checkbox"/> QuantiFERON TB Gold Plus (QFT) (UH only)</p> <p>Specimen Incubated <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Start Time: _____ Temp: _____ Date: _____</p> <p>By: _____</p> <p>End Time: _____ Temp: _____ Date: _____</p> <p>By: _____</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Health Center Support Test Menu</b></p> <p>2340/2341 <input type="checkbox"/> APTIMA GC/CT (Cervical)</p> <p>2342/2343 <input type="checkbox"/> APTIMA GC/CT (Urine)</p> <p>2344/2345 <input type="checkbox"/> APTIMA GC/CT (Urethral)</p> <p>2346/2347 <input type="checkbox"/> APTIMA GC/CT (Vaginal)</p> <p>2350/2351 <input type="checkbox"/> APTIMA GC/CT (Oral)</p> <p>2352/2353 <input type="checkbox"/> APTIMA GC/CT (Rectal)</p> <p><input type="checkbox"/> Other _____</p>
<p><b>CRE/CRPA/CRAB/Candida spp. Antibiotic Resistance Testing</b></p> <p>0217 <input type="checkbox"/> ID Ref. Culture, Carbapenem Resistant Enterobacteriaceae (CRE) Confirmation ID: _____</p> <p>0218 <input type="checkbox"/> ID Ref. Culture, Carbapenem Resistant <i>Pseudomonas aeruginosa</i> (CRPA) Confirmation ID: _____</p> <p>0221 <input type="checkbox"/> ID Ref. Culture, Carbapenem Resistant Acinetobacter (CRAB) Confirmation ID: _____</p> <p>0245 <input type="checkbox"/> ID Ref. Culture, <i>Candida</i> spp.</p> <p><b>**Please attach copy of previous lab results including AST results for all tests.**</b></p>		<p><b>Molecular Diagnostics/LRN Test Menu</b></p> <p>2901/272 <input type="checkbox"/> ID Ref. Culture/PCR <i>Bacillus anthracis</i></p> <p>2902/271 <input type="checkbox"/> ID Ref. Culture/PCR <i>Burkholderia mallei/pseudomallei</i></p> <p>2903/276 <input type="checkbox"/> ID Ref. Culture/PCR <i>Francisella tularensis</i></p> <p>2905/280 <input type="checkbox"/> ID Ref. Culture/PCR, <i>Y. pestis</i></p> <p>2906/273 <input type="checkbox"/> ID Ref. Culture/PCR, <i>Brucella</i> spp.</p>
		<p><b>For Laboratory Use Only</b></p> <p>Specimen Received:</p> <p><input type="checkbox"/> Room Temp <input type="checkbox"/> Cold <input type="checkbox"/> Frozen</p>