District of Columbia ♦ Department of Forensic Sciences ♦ Public Health Laboratory
401 E Street SW ♦ 4th Floor ♦ Washington, DC 20024 ♦ Phone (202) 481-3419 ♦ Fax (202) 481-3464

General Laboratory Services Request Form

PHL Director: Anthony Tran, DrPH, MPH, D(ABMM)
CLIA#: 09D0968273

Patient Information	**Requesting Submitter Information**
Name: Last First Middle	Facility Name: Facility Contact:
	Street Address:
Date of Birth:	City/State:
Sex: ☐ Male ☐ Female	Phone: Fax:
Unique ID (MRN, Outbreak#, etc.):	Provider Name (If different from above):
Specimen Source (Nasal, tissue, intravenous, etc) [if applicable] :	Provider NPI / CLIA#:
	Collection Date: Time: am pm

	Specimen Type		**Microbiology**		**Molecular Diagnostics**
			Referred Isolate ID		*Arboviruses*
☐	Blood culture bottle (aerobic)	☐	*Streptococcus pneumoniae* [Culture]	☐	**Zika Virus Panel** [PCR/IgM]
☐	Blood culture bottle (anaerobic)	☐	Group B *Streptococcus* (GBS) [Culture]		
☐	Whole Blood	☐	*Listeria spp.* (all species) [Culture]		
☐	Serum	☐	*Salmonella spp.* (all species) [Culture]		
☐	Plasma	☐	*Shigella spp.* (all species) [Culture]		
☐	Cerebral Spinal Fluid (CSF)	☐	*E. coli* (EHEC, STEC) [Culture]		*Viral Typing*
☐	Sputum	☐	*Campylobacter spp.* (all species) [Culture]	☐	Influenza Typing [PCR]
☐	Urine	☐	*Aeromonas spp.* (all species) [Culture]	☐	Norovirus Typing [PCR]
☐	Stool	☐	*Vibrio spp.* (all species) [Culture]		
☐	Swab				*Respiratory Viruses*
☐	Bacterial Culture (Slant)			☐	**Respiratory Viral Panel** [PCR]
☐	Other, please specify:		***OCME Only***		**Virology/Immunology**
		☐	Blood (aerobic)		*Arboviral Serology (serum only)*
		☐	Blood (anaerobic)	☐	**Zika Virus Serology** [IgM]
		☐	CSF		
		☐	Urine		*Influenza*
		☐	Other	☐	Influenza A [Viral Culture]
			Tissue Type	☐	Influenza B [Viral Culture]
		☐	Lung		
		☐	Cerebral		
		☐	Gastrointestinal		
		☐	Hepatic		
		☐	Cardiac		
		☐	Reproductive		

Special Instructions:

PHL USE ONLY

Date Revised: 11/3/16