District of Columbia ♦ Department of Forensic Sciences ♦ Public Health Laboratory
401 E Street SW ♦ 4th Floor ♦ Washington, DC 20024 ♦ Voice (202) 727-8956 ♦ Fax (202) 724-3927
General Laboratory Services Request Form

DC Pubic Health Laboratory
Clinical Specimen Receipt Form

Specimens Submitted by:

Hospital/Clinic: _____
Name: _____
Phone: _____
Signature: _____
Date & Time: _____

Specimens Received by:

Courier Service_____
Date & Time_____
Initials _____

#	Unique Specimen Identification	Sample type	Submission Date	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

The Section Below is for DCPHL only

Specimens Received by:
DFS Employee: _____
Date & Time_____
Signature: _____

Specimens Transferred to:
PHL Employee: _____
Date & Time: _____
Signature: _____

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Patient Information	**Requesting Submitter Information**
Name: Last First Middle	Clinic Name:
	Street Address:
Date of Birth:	City/State:
Sex: ☐ Male ☐ Female Race:	Phone: Fax:
Specimen Type/ Source:	
Collection Date(DDMMMYY): Time(24h):	Requesting Clinician:

Microbiology Series-1000

☐	**Throat Culture – 1001**		
☐	Nasal Culture Sensitivity –1002		
☐	Vaginal Swab Culture - 1003		
☐	Wound Culture Sensitivity –1004		
☐	Urine Culture Sensitivity – 1005		
☐	Stool Culture Sensitivity –1006		
☐	Other		
☐	Botulinum		
☐	C. difficile		

Virology Series - 2000

☐	Influenza- 2001		
☐	SARS- 2002		
☐	West Nile Virus- 2003		
☐	Norovirus- 2004		
☐	Chikungunya Virus- 2005		
☐	Dengue- 2006		
☐	**Arboviral Panel**-2007 (WNV/Dengue/Chikungunya/Zika)		
☐	**Influenza Panel**- 2008 (Influ/ParaInfluenza 1& 2&3/RSV)		
☐	Respiratory Syncytial Virus-2009		
☐	Zika Virus (RT-PCR)-2010		
☐			
☐			
☐			

STD DNA Panel Series 3000 (CT & GC)

☐	Chlamydia trachomatis DNA -3001		
☐	Chlamydia trachomatis DNA PCA confirmation-3002		
☐	Nesseria gonorrhea (GC) DNA –3003		
☐	Nesseria gonorrhoea PCA Confirmation – 3004		
☐	**Other**		
☐			

Immunology Series 4000

☐	Hepatitis B Panel-4100		
☐	HBVag-4102		
☐	HBVab-4103		
☐	HBVcore-4104		
☐	Syphilis IgG Panel-4400		
☐	EIA qualitative 4401		
☐	RPR qualitative 4402		
☐	FTA Confirmation-4403		
☐			

Diagnostic Immunology Series-4500

☐	Rubella IgG-4501		
☐	Rubella IgM-4502		
☐	Herpes Type 2 –4503		
☐	Rubeola IgG-4504		
☐	Rubeola IgM-4505		
☐	Varicella IgG-4506		
☐	Mumps IgG-4507		
☐	HIV Serum ☐ Ora-Sure ☐ Oraquick ☐		
☐	Other		
☐	HIV confirmation ☐		
☐	**Patient Info/ Special Instructions/ Comments**		
☐			
☐			
☐			