



Patient Information

*Required Information

Last Name*	First Name*	Middle Initial	Suffix
Date of Birth* (MM/DD/YYYY)	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Address	City*	State*	ZIP
Sample ID*	Medical Record Number		

Submitter Information

Name of Submitting Hospital, Laboratory, or other Facility*			
Provider Name*		Provider NPI/CLIA#*	
Primary Contact (If different from Provider)* Last Name:		First Name:	
Address (include room)*		City*	State* Zip*
Telephone*	Fax**	Email	
** As applicable, final report will be sent to the Fax number above			

Specimen Information

Date of Collection* (MM/DD/YYYY):	Time of Collection*:
Reason for Submission <input type="checkbox"/> DIAGNOSTIC <input type="checkbox"/> OUTBREAK <input type="checkbox"/> PHL REQUEST / SURVEILLANCE <input type="checkbox"/> DOH REQUEST	
Specimen Source* <input type="checkbox"/> Blood – Aerobic Bottle <input type="checkbox"/> Blood Serum <input type="checkbox"/> Stool <input type="checkbox"/> Blood – Anaerobic <input type="checkbox"/> Blood Plasma <input type="checkbox"/> Urine	<input type="checkbox"/> Wound <input type="checkbox"/> Respiratory <input type="checkbox"/> Tissue <input type="checkbox"/> Body Fluid <input type="checkbox"/> Other Site: _____

Test Request (✓ requested tests)

MICROBIOLOGY		VIROLOGY
SURVEILLANCE MICROBIOLOGY	R/O SELECT AGENTS	SURVEILLANCE VIROLOGY
<input type="checkbox"/> <i>Listeria spp.</i> ¹	<input type="checkbox"/> r/o <i>B. anthracis</i>	<input type="checkbox"/> Influenza (PCR)
<input type="checkbox"/> <i>Salmonella spp.</i> ²	<input type="checkbox"/> r/o <i>Brucella spp.</i>	
<input type="checkbox"/> <i>Shigella spp.</i> ²	<input type="checkbox"/> r/o <i>Burkholderia spp.</i>	
<input type="checkbox"/> <i>E. coli</i> (EHEC, STEC)/Shiga Toxin ²	<input type="checkbox"/> r/o <i>F. tularensis</i>	ZIKA VIRUS DETECTION
<input type="checkbox"/> <i>Campylobacter spp.</i> ¹	<input type="checkbox"/> r/o <i>Y. pestis</i>	<input type="checkbox"/> Molecular Zika virus detection (NAT)
<input type="checkbox"/> <i>Vibrio spp.</i> ¹	<input type="checkbox"/> Other	<input type="checkbox"/> Serology Zika virus detection (IgM)
<input type="checkbox"/> <i>Neisseria gonorrhoeae</i> ¹		<input type="checkbox"/> Zika virus detection Panel (NAT and IgM)
<input type="checkbox"/> Carbapenem Resistant Enterobacteriaceae (CRE) ¹	GENERAL BACTERIOLOGY	
	<input type="checkbox"/> OCME	
1) Acceptable specimen=Cultured isolate 2) Acceptable specimen= Cultured isolate or CIDT positive specimen in GN Broth/Modified Cary Blair		