BACTERIOLOGY / BIOTERRORISM / MOLECULAR DIAGNOSTICS / TB TEST REQUEST FORM

STATE OF UTAH PUBLIC HEALTH LABORATORIES

46 NORTH MEDICAL DRIVE

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http://health.utah.gov/lab/microbiology

FOR LABORATORY USE ONLY

LAB#:

DATE STAMP:

TESTING WILL NOT BE PERFORMED UNLESS SLIP IS COMPLETELY FILLED OUT. PLEASE PRINT CLEARLY FOR ACCURACY.

PATIENT INFORMATION:

Patient Name (Last, First):

Patient ID #:

DATE OF BIRTH (mm/dd/yy) ____/____/____

AGE:

SEX: M F

PROVIDER INFORMATION:

Provider Code:

Physician: _____

Provider Phone: _____

Provider Email: _____

Secure Fax #: _____

SPECIMEN COLLECTION DATE (mm/dd/yy) ____/____/____

SPECIMEN SOURCE/SITE:

- [ ] Blood
- [ ] Bronchial Wash
- [ ] Cerebrospinal Fluid (CSF)
- [ ] Cervix
- [ ] Environmental (specify):_____
- [ ] Fluid (specify): _____
- [ ] Food (specify): _____
- [ ] Isolate (source):_____
- [ ] Lesion
- [ ] Nasopharyngeal (specify: swab / wash / aspirate)
- [ ] Scab
- [ ] Serum
- [ ] Skin
- [ ] Sputum (specify: natural / induced)
- [ ] Swab (specify):_____
- [ ] Stool
- [ ] Throat
- [ ] Tissue (specify): _____
- [ ] Urethra
- [ ] Urine
- [ ] Vagina
- [ ] Vomitus
- [ ] Wound/Abscess
- [ ] Other (specify):_____

STATE OF ORIGIN OF PATIENT / SAMPLE

BACTERIOLOGY / TB TESTS:

- [ ] Bacterial Culture
- [ ] Bacterial ID / Referral
- [ ] Cryptosporidium
- [ ] Giardia
- [ ] Mycobacterial Culture
- [ ] Mycobacterial ID / Referral
- [ ] Other (specify): _____

MOLECULAR TESTS:

- [ ] Bordetella pertussis PCR
- [ ] Influenza A & B Virus PCR (**NO** H subtyping)
- [ ] Influenza A & B Virus PCR (with H subtyping)
- [ ] Norovirus PCR
- [ ] SARS PCR
- [ ] St. Louis Encephalitis Virus PCR
- [ ] West Nile Virus PCR
- [ ] Western Equine Encephalitis PCR
- [ ] Human West Nile Virus IgM
- [ ] Other (specify): _____

BIOTERRORISM TESTS (include Chain of Custody Form, If Applicable):

- [ ] Bacillus anthracis
- [ ] Burkholderia spp.
- [ ] Brucella spp.
- [ ] Coxiella burnetii
- [ ] Francisella tularensis
- [ ] Orthopox virus
- [ ] Vaccinia virus
- [ ] Varicella zoster virus
- [ ] Variola virus
- [ ] Yersinia pestis
- [ ] Multiagent Screen
- [ ] Brucella spp.Microagglutination
- [ ] Francisella tularensis Microagglutination
- [ ] Yersinia pestis Hemagglutination
- [ ] Clostridium botulinum culture & toxin
- [ ] Ricin toxin (non-clinical)
- [ ] Staphylococcus Enterotoxin B (non-clinical)
- [ ] BDS Testing
- [ ] Other (specify): _____

ADDITIONAL INFORMATION

(List pertinent information including presumptive ID)