REQUEST FOR ANALYSES
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF LABORATORY SERVICES - MICROBIOLOGY
SFN 16115 (REV. 08-2009)
Telephone Number 701.328.6272
Fax Number 701.328.6280

Facility	Telephone Number	Fax Number
Address	City	Facility Code
Physician	Zip Code	Patient ID Prefix

FOR LABORATORY USE ONLY

NAME OF PATIENT (PLEASE PRINT)	PATIENT DATA		SPECIMEN DATA	Date of Collection	For Laboratory Use Only
Last Name First Name STD Contact (Check Box) ☐	Patient ID Number Date of Birth Sex M F	White A.I Black Asian Other _____	Cervical Urethral Urine Other _____		
Last Name First Name STD Contact (Check Box) ☐	Patient ID Number Date of Birth Sex M F	White A.I Black Asian Other _____	Cervical Urethral Urine Other _____		
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