LABORATORY TEST REQUEST FORM

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF MICROBIOLOGY
SFN 5826 (Rev. 01-2003)

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• FOR LABORATORY USE •

Patient's Name (Last) (First) (MI)

Patient's Address	Date of Birth	Sex ☐ Male ☐ Female	Race/Ethnicity
City	State / Zip Code	Medicaid/Medicare Number	

FACILITY			Customer Code
Address	State	Zip Code	Telephone Number
Physician's Name (Last, First)			UPIN Number

SPECIMEN DATA	Type/Source	☐ 1st Specimen ☐ 2nd Specimen	Date of Collection

PATIENT DATA	Disease Suspected	Date of Onset	
Principal Symptoms		Fever (Over 100°)	Rash ☐ YES ☐ NO
Hospitalization ☐ YES ☐ NO	Recent Immunizations (Specify)	Date of Immunization	

- ☐ (VIC) Adenovirus Culture
- ☐ (WSI) Arbovirus Encephalitis Panel (Seasonal)✳
- ☐ (REC) Aerobic Culture ID (Submit Isolate)
- ☐ (REA) Anaerobic Culture ID (Submit Isolate)
- ☐ (REC) *Bacillus anthracis* Culture
- ☐ (PAM) *Bordetella pertussis* Amplified Probe✳
- ☐ (AGG) Brucella Antibody✳
- ☐ (REC) Brucella Culture
- ☐ (CUL) Campylobacter Culture
- ☐ (CAC) Campylobacter Confirmation (Submit Isolate)
- ☐ (CHI) *Chlamydia trachomatis* Antibody, IgM
- ☐ (CHD) *Chlamydia trachomatis* DFA
- ☐ (AMP) *Chlamydia trachomatis/Neisseria gonorrhoeae* Nucleic Acid Amplified Probe
- ☐ (DIC) *Corynebacterium diphtheriae* Culture
- ☐ (CMV) Cytomegalovirus Antibody, IgM
- ☐ (CMC) Cytomegalovirus Culture
- ☐ (ENP) Encephalitis Panel✳
- ☐ (ENT) Enterovirus Culture
- ☐ (E-B) Epstein-Barr Antibody, IgM✳
- ☐ (CUL) *Escherichia coli* O157:H7 Culture
- ☐ (ECS) *Escherichia coli* O157:H7 Serotyping
- ☐ (FTA) Fluorescent Treponema Antibody (FTA-ABS)
- ☐ (TUL) *Francisella tularensis* Antibody✳
- ☐ (REC) *Francisella tularensis* Culture
- ☐ (FUS) Fungal Antibody Panel✳
- ☐ (FUC) Fungal Culture
- ☐ (FNS) Fungal Smear
- ☐ (HIS) *Haemophilus influenzae* Serotyping
- ➔ ***Hantavirus Antibody (Use Hantavirus Form)***
- ☐ (HAB) Hepatitis A & B Panel
- ☐ (HEA) Hepatitis A Antibody, IgM✳
- ☐ (HSC) Hepatitis A, B & C Panel
- ☐ (HCB) Hepatitis B & C Panel
- ☐ (HBC) Hepatitis B Core Antibody (Anti-HBc)
- ☐ (HBI) Hepatitis B Surface Antibody Immune Status (Anti-HBs)
- ☐ (HBS) Hepatitis B Surface Antigen (HBsAg)
- ☐ (HBB) Hepatitis B Surface Antigen (HBsAg) & Hepatitis B Core Antibody (Anti-HBc)
- ☐ (HCV) Hepatitis C Antibody (Anti-HCV)✳
- ☐ (HEI) Herpes Simplex Virus Antibody, IgM✳
- ☐ (HEC) Herpes Simplex Virus Culture
- ➔ ***HIV-I Antibody (Use HIV Form)***
- ☐ (INC) Influenza Virus Type A & B Culture
- ☐ (INH) Influenza Virus Type A & B Antibodies, Hemmagglutination Inhibition✳
- ☐ (LEI) *Legionella pneumophila* Antibody✳
- ☐ (LEC) *Legionella pneumophila* Culture Confirm.
- ☐ (LCD) *Legionella pneumophila* Culture & DFA
- ☐ (LED) *Legionella pneumophila* DFA
- ☐ (LYD) Lyme Disease Antibody✳
- ☐ (O-P) Malarial Thick and Thin Blood Smears
- ☐ (RUE) Measles Virus Antibody, IgM✳
- ☐ (VIC) Measles Virus Culture
- ☐ (MUI) Mumps Virus Antibody, IgM✳
- ☐ (MUC) Mumps Virus Culture
- ☐ (TBC) Mycobacteria Culture (TB) & Smear
- ☐ (MTD) Mycobacteria Direct Probe (Amplified)✳
- ☐ (SUS) Mycobacteria Susceptibility
- ☐ (MYI) *Mycoplasma pneumoniae* Antibody, IgM✳
- ☐ (GCC) *Neisseria gonorrhoeae* Culture
- ☐ (NMS) *Neisseria meningitidis* Serogrouping
- ☐ (O-P) Ova and Parasites
- ☐ (VIC) Parainfluenza Virus Types 1,2,3, Culture
- ☐ (HBS) Prenatal Hepatitis B Surface Antigen (HBsAg)
- ☐ (QFV) Q Fever Antibody✳
- ☐ (RSV) Respiratory Syncytial Virus Antibody, IgM (infants to 2 yrs) ✳
- ☐ (VIC) Respiratory Syncytial Virus Culture (infants to 2 yrs)
- ☐ (RMS) Rocky Mountain Spotted Fever Antibody✳
- ☐ (RUB) Rubella Virus Antibody, IgM✳
- ☐ (VIC) Rubella Virus Culture
- ☐ (SAS) Salmonella Serotyping
- ☐ (SHS) Shigella Serotyping
- ☐ (RPR) Syphilis Screen
- ☐ (GAS) Throat Culture
- ☐ (TOS) TORCH Antibodies Panel, IgM (Newborn)✳
- ☐ (TOX) *Toxoplasma gondii* Antibody, IgM✳
- ☐ (TYP) Typhus Antibody✳
- ☐ (V-Z) Varicella-Zoster Virus Antibody, IgM✳
- ☐ (VIC) Varicella-Zoster Virus Culture
- ☐ (REC) Vibrio Culture
- ☐ (VDR) VDRL (CSF)
- ☐ (REC) Yersinia Culture
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✳Patient data required

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