

Patient Information																			
Name: (Last)										Name: (First)									
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female					Race/Ethnicity:					DOB (mm/dd/yyyy):									
Specimen Information																			
Collection Date:					Type/Source:					<input type="checkbox"/> Acute <input type="checkbox"/> Convalescent									
Facility Information																			
Facility Name:					Address:					Phone:									
Physician:										Facility Code:									
Patient Data																			
Address:					Phone:					Disease Suspected:									
Symptoms:					Hospitalization: <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No					Recent Immunizations:									
Test Request																			
BACTERIOLOGY <input type="checkbox"/> Aerobic Culture ID: _____ <input type="checkbox"/> Anaerobic Culture ID: _____ <input type="checkbox"/> Bordetella pertussis PCR <input type="checkbox"/> Carbapenem Resistance Gene Screen <input type="checkbox"/> Gastric Pathogen Panel <input type="checkbox"/> Legionella Culture MANDATORY REPORTABLE CONDITION <input type="checkbox"/> Isolate: _____ BIOTERRORISM RULE OUT <input type="checkbox"/> Agent Suspected: _____ MYCOBACTERIOLOGY <input type="checkbox"/> Mycobacteria Culture (TB) & Smear <input type="checkbox"/> Mycobacteria TB complex /Rifampin Screen (Requires Culture & Smear) <input type="checkbox"/> Mycobacteria Reference ID <input type="checkbox"/> Quantiferon (TB) MYCOLOGY <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Fungal Reference ID PARASITOLOGY <input type="checkbox"/> Ova and Parasites <input type="checkbox"/> Giemsa Thick & Thin Blood Smears					HEPATITIS <input type="checkbox"/> Hepatitis A Antibody, IgM <input type="checkbox"/> Hepatitis A, B & C Panel <input type="checkbox"/> Hepatitis B & C Panel <input type="checkbox"/> Hepatitis B Core Antibody, IgM <input type="checkbox"/> Hepatitis B Core Antibody (Anti-HBC), Total <input type="checkbox"/> Hepatitis B Surface Antibody (Anti-HBs) <input type="checkbox"/> Hepatitis B Surface Antigen (HBsAg) <input type="checkbox"/> Hepatitis C Antibody (Anti-HCV) <input type="checkbox"/> Hepatitis C Virus Genotyping <input type="checkbox"/> Hepatitis C Virus RNA (Quantitative) <input type="checkbox"/> Prenatal Hep B Surface Antigen (HBsAg) STD/SCREENING <input type="checkbox"/> Chlamydia Culture <input type="checkbox"/> Chlamydia trachomatis/N. gonorrhoeae PCR <input type="checkbox"/> Fluorescent Treponemal Antibody <input type="checkbox"/> HIV-1, 2 Antibody/HIV-1 p24 Antigen Combo <input type="checkbox"/> VDRL (CSF) <input type="checkbox"/> Syphilis Testing Panel <input type="checkbox"/> Syphilis Screen (RPR) <input type="checkbox"/> TP-PA: Treponema pallidum Particle Agglutination VIROLOGY <input type="checkbox"/> Cytomegalovirus PCR <input type="checkbox"/> Enterovirus PCR <input type="checkbox"/> Herpes Simplex/Varicella Zoster Virus PCR <input type="checkbox"/> Influenza Virus PCR <input type="checkbox"/> Measles (Rubeola) Virus PCR <input type="checkbox"/> Mumps Virus PCR <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Respiratory Pathogen Panel <input type="checkbox"/> Rickettsia PCR <input type="checkbox"/> Viral Culture _____					IMMUNOLOGY <input type="checkbox"/> Arbovirus Encephalitis Panel <input type="checkbox"/> Brucella Antibody <input type="checkbox"/> Cytomegalovirus Antibody, IgM <input type="checkbox"/> Encephalitis Panel <input type="checkbox"/> Epstein-Barr Virus Antibody, IgM <input type="checkbox"/> Francisella tularensis Antibody <input type="checkbox"/> Hantavirus Antibody, IgM <input type="checkbox"/> Herpes Simplex Virus Antibody IgM EIA <input type="checkbox"/> Lyme Disease Antibody EIA <input type="checkbox"/> Measles (Rubeola) Virus Antibody, IgG <input type="checkbox"/> Measles (Rubeola) Virus Antibody, IgM <input type="checkbox"/> Mumps Virus Antibody, IgG <input type="checkbox"/> Mumps Virus Antibody, IgM <input type="checkbox"/> Mycoplasma pneumoniae Antibody, IgM <input type="checkbox"/> Rocky Mountain Spotted Fever Antibody <input type="checkbox"/> Rubella Virus Antibody, IgM EIA <input type="checkbox"/> Rubella Immune Screen <input type="checkbox"/> TORCH Antibodies Panel, IgM <input type="checkbox"/> Toxoplasma gondii Antibody, IgM <input type="checkbox"/> Varicella Zoster Virus IgG <input type="checkbox"/> Varicella Zoster Virus Antibody, IgM <input type="checkbox"/> West Nile Virus EIA, IgM ZIKA VIRUS <input type="checkbox"/> Triplex (Zika, Dengue, Chikg) Virus PCR* - must meet CDC criteria <input type="checkbox"/> Zika Virus PCR/IgM <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____									