

Test Request Form

Patient Information											
*Name: (Last)				* (First)				(M)			
*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				Race/Ethnicity:				*DOB (mm/dd/yyyy):			
Specimen Information											
*Collection Date/Time:				*Type/Source:				<input type="checkbox"/> Acute <input type="checkbox"/> Convalescent			
Facility Information											
*Facility Name:				Address:				*Phone:			
*Physician (Last, First Name):						*Facility Code:					
Patient Data											
**Address:				**City/County:				**Phone:			
State&Zip:				Hospitalization: <input type="checkbox"/> Yes <input type="checkbox"/> No Care Facility: <input type="checkbox"/> Resident <input type="checkbox"/> Employee				Symptoms:			
Test Request											
MANDATORY REPORTABLE CONDITION <input type="checkbox"/> Isolate: _____ BACTERIOLOGY <input type="checkbox"/> Aerobic Culture ID: _____ <input type="checkbox"/> Anaerobic Culture ID: _____ <input type="checkbox"/> Bordetella species HDA <input type="checkbox"/> Carbapenem Resistance Gene Screen <input type="checkbox"/> Gastrointestinal (GI) Panel <input type="checkbox"/> Legionella Culture <input type="checkbox"/> Rickettsia PCR 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 trachomatis/N gonorrhoeae <input type="checkbox"/> Fluorescent Treponemal Antibody <input type="checkbox"/> HIV-1, 2 Antibody/HIV-1 p24 Antigen Combo <input type="checkbox"/> RPR Syphilis <input type="checkbox"/> Syphilis Testing Panel <input type="checkbox"/> TP-PA: Treponema pallidum Particle Agglutination <input type="checkbox"/> VDRL (CSF) VIROLOGY <input type="checkbox"/> Enterovirus PCR <input type="checkbox"/> Herpes Simplex/Varicella Zoster Virus HDA <input type="checkbox"/> Influenza Virus PCR <input type="checkbox"/> Measles (Rubeola) Virus PCR <input type="checkbox"/> Mumps Virus PCR <input type="checkbox"/> Respiratory Panel (RP2) PCR <input type="checkbox"/> SARS-CoV-2 (Novel Coronavirus COVID-19)				IMMUNOLOGY <input type="checkbox"/> Arbovirus Encephalitis Panel <input type="checkbox"/> Brucella Antibody <input type="checkbox"/> Encephalitis Panel <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 CLIA <input type="checkbox"/> Measles (Rubeola) Virus Antibody, IgG Immune Screen <input type="checkbox"/> Measles (Rubeola) Virus Antibody, IgM <input type="checkbox"/> Mumps Virus Antibody, IgG Immune Screen <input type="checkbox"/> Mumps Virus Antibody, IgM <input type="checkbox"/> Rubella Virus Antibody, IgG Immune Screen <input type="checkbox"/> SARS-CoV-2 TrimericS IgG Immune Screen <input type="checkbox"/> Varicella Zoster Virus IgG, Immune Screen <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"/> OTHER _____			

*Required Field

**Required Field for COVID19 tests