



Oklahoma State Department of Health
Public Health Laboratory

CLEAR ENTIRE FORM
KEEP SUBMITTER INFO

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CLIA #: 37D0656594

Test Directory: oklahoma.gov/health/locations/public-health-laboratory/test-directory

Patient Information. Please, Type or PRINT; *indicates required fields

Name* (last) (first) (initial) DOB* / /
Address* City* State* Zip* Phone #*
Sex: M F Assigned Unique Identifier (if applicable):
Ethnicity: Hispanic/Latino Hispanic/Non-Latino Unknown
Race: White Black/African American Asian Other
(mark all applicable) Native Hawaiian/Other Pacific Islander American Indian/Alaska Native

Submitter Information

Practitioner Name* (last) (first) (initial) NPI
Facility Name* Phone # () - Fax # () -
Address* City* State Zip*

Clinical Information

Diagnosis Onset (mm-dd-yy) / /
Antibiotics (list with start dates)

Specimen Information

Collection Date(mm-dd-yy)* / / Time (hour:minute) OAM PM By
Source/Type*

Table with 8 columns and 3 rows of specimen sources: Blood, Bone marrow, CSF, Gastric lavage, Pericardial fluid, Serum, Synovial fluid, Urine, Blood smear, BAL, Cervix, Nasal wash, Peritoneal fluid, Sputum, expect., Tissue, Vagina, Biopsy-sterile, Bronchial brush, Environmental, Nasopharynx, Pleural fluid, Sputum, induced, Tracheal aspirate, Other, Biopsy-wound/lesion, Bronchial wash, Eye, Oropharynx, Rectum/anus, Stool, Cultured isolate.

TestRequest (mark one only)

Bacteriology

- Bacterial isolate, identification/serotyping/confirmation
Variable specimen according to source (contact lab)
Bacteria, non-enteric, isolation and identification
Variable specimen according to source (contact lab; requires pre-approval)
Enteric pathogens, isolation and identification
Stool, 2g or 5-10mL in Cary Blair (STEC only)
Bordetella, PCR
Nasopharynx, 1 or 2 swabs; isolate, confirm visible growth
Chlamydia and gonorrhea (CTGC)
Urine, 20-30 mL first void into cup, transfer to Aptima urine container until between fill lines; Vaginal/rectal/throat swab in multitest container
Group B streptococcus
Vaginal/anal swab in LIM broth (combined vaginal/anal collection preferred)
Syphilis antibodies ONLY reverse algorithm (treponemal screen to RPR reflex)
Serum in centrifuged SST or pour-off into plastic screw-cap tube, 1-2mL
Bacteria, environmental (contact lab)

Mycobacteriology/Mycology

- Fungal isolate, identification
Plate or slant with visible growth
Mycobacteria, smear and culture w/ reflex to identification
Respiratory sediments, 5-10mL; sterile fluid, >2mL; Blood, 5-10mL ACD or heparin; Tissue, 1g; Urine, >5mL
Mycobacteria, isolate identification
Liquid culture, >3mL; Solid culture, visible growth
M. tuberculosis complex, PCR
Respiratory sediments, 5-10mL (CHDs require OSDH TB physician pre-approval)

Other

- Other (write-in description of test)

Virology

- Hepatitis B surface antigen
Serum, 2mL (approved submitters only)
HIV-1/2 antibodies and HIV-1 antigen ONLY
Serum, 1-2mL (approved submitters only)
HIV-1/2 antibodies, HIV-1 antigen AND Syphilis reverse algorithm
Serum in centrifuged SST or pour-off into plastic screw-cap tube, 2mL (approved submitters only)
Human papillomavirus, high risk
Residual ThinPrep, 1mL
Influenza virus A and B, PCR
Nasopharyngeal (preferred), nasal, or throat swab, 1-2 mL in VTM
Respiratory Pathogen Panel, PCR
Nasopharyngeal swab, 1-2 mL in VTM or equivalent media
Rubella antibodies
Serum in SST, 1mL (female CHD patients only)
West Nile virus/St. Louis encephalitis virus, IgM antibodies
Serum in SST, 2mL alone or with CSF, 1mL
Zika virus, chikungunya virus, dengue virus, PCR
Serum in SST, 2mL; CSF, 1mL; Urine, 1mL; Amniotic fluid, 1mL (CSF, urine and amniotic fluid must be accompanied by serum) (contact lab; requires pre-approval)
SARS-CoV-2, PCR
Nasopharyngeal or oropharyngeal swab, 1 in VTM or equivalent media

Parasitology

- Parasites, blood
Babesia/trypanosomes/filariiae: Giemsa or Giemsa-Wright-stained blood smears, 1 thick and 1 thin
Malaria: Giemsa or Giemsa-Wright-stained blood smears, 1 thick and 1 thin AND 2-6 mL EDTA blood