

For details on tests, specimen collection, packaging, and shipping, see the [OSDH PHL Test Menu](#).

Patient Information Please, type or PRINT; *indicates required fields

Name* (last) _____ (first) _____ (initial) _____ DOB* ____/____/____

Address _____ City _____ State _____ Zip _____ Phone # _____

Race: (mark all applicable) White Hispanic/Latino Black/African American Asian Multiracial Unknown Sex:* M F

Native Hawaiian/Other Pacific Islander American Indian/Alaska Native Assigned Unique ID (if applicable): _____

CLIA regulations require that each specimen container include two unique patient identifiers. All patient identifiers listed on this form must exactly match those on the specimen container. Any discrepancy will result in the specimen being considered unsatisfactory for testing.

Submitter Information

Practitioner*(last name) _____ (first) _____ (initial) _____ NPI _____

Submitting Facility* _____ Phone # (____) _____ - _____ Fax # (____) _____ - _____

Address* _____ City* _____ State* _____ Zip* _____

Collecting Facility (if different from Submitting Facility) _____ Phone # (____) _____ - _____

Clinical Information

Diagnosis _____ Onset (mm-dd-yy) ____/____/____

Antibiotics (list with start dates) _____

Specimen Information

Collection Date* (mm-dd-yy) ____/____/____ Time (hr:min) _____ AM PM By _____

Source	<input type="checkbox"/> Specimen	<input type="checkbox"/> Isolate	Indicate specimen type and site information, as applicable					
<input type="checkbox"/> Abscess/Lesion	<input type="checkbox"/> Blood	<input type="checkbox"/> Bronchial wash	<input type="checkbox"/> Eye: L R	<input type="checkbox"/> Oropharynx	<input type="checkbox"/> Rectum	<input type="checkbox"/> Stool	<input type="checkbox"/> Urine	
<input type="checkbox"/> BAL	<input type="checkbox"/> Bone marrow	<input type="checkbox"/> Cervix	<input type="checkbox"/> Gastric lavage	<input type="checkbox"/> Pericardial fluid	<input type="checkbox"/> Serum	<input type="checkbox"/> Synovial fluid	<input type="checkbox"/> Vagina	
<input type="checkbox"/> Biopsy-sterile	<input type="checkbox"/> Blood smear	<input type="checkbox"/> CSF	<input type="checkbox"/> Nasal wash	<input type="checkbox"/> Peritoneal fluid	<input type="checkbox"/> Sputum, expect.	<input type="checkbox"/> Tissue	<input type="checkbox"/> Wound	
<input type="checkbox"/> Biopsy-wound	<input type="checkbox"/> Bronchial brush	<input type="checkbox"/> Environmental	<input type="checkbox"/> Nasopharynx	<input type="checkbox"/> Pleural fluid	<input type="checkbox"/> Sputum, induced	<input type="checkbox"/> Tracheal aspirate	<input type="checkbox"/> Other	

Site Location/Description (if applicable): _____

Test Request (select one only) **Note:** For details on specimen collection, type and volumes, and packaging/shipping, see the [OSDH PHL Test Menu](#).

<p>Bacterial Isolates Include Microbiology Supplemental Form with each submission. Order highly hazardous bacterial isolate IDs in section at end of this form.</p> <p><input type="checkbox"/> Enteric Pathogen, Isolate Identification <input type="checkbox"/> <i>Salmonella</i> spp. <input type="checkbox"/> <i>Shigella</i> spp. <input type="checkbox"/> <i>Escherichia coli</i> 0157 <input type="checkbox"/> Non-0157 shiga-like toxin-producing <i>E. coli</i> (STEC) <input type="checkbox"/> <i>Listeria</i> spp. <input type="checkbox"/> <i>Campylobacter</i> spp. <input type="checkbox"/> <i>Yersinia</i> spp. (not <i>Y. pestis</i>) <input type="checkbox"/> <i>Vibrio</i> spp. <input type="checkbox"/> <i>Cronobacter</i> spp. <input type="checkbox"/> <i>Aeromonas</i> spp. <input type="checkbox"/> <i>Plesiomonas</i> spp. <input type="checkbox"/> GI Isolate <input type="checkbox"/> Sterile Site Isolate</p> <p><input type="checkbox"/> Non-enteric Pathogen, Isolate Identification <input type="checkbox"/> <i>Legionella</i> spp. <input type="checkbox"/> <i>Corynebacterium diphtheriae</i> / <i>C. ulcerans</i> <input type="checkbox"/> <i>Haemophilus influenzae</i> (sterile site only) <input type="checkbox"/> <i>Listeria monocytogenes</i> (sterile site only) <input type="checkbox"/> <i>Neisseria meningitidis</i> (sterile site only) <input type="checkbox"/> Other isolate (list): (contact PHL prior to submission)</p>	<p>Molecular Virology</p> <p><input type="checkbox"/> Influenza A/B, RSV, SARS-CoV-2 Respiratory Panel <input type="checkbox"/> Influenza Virus A and B, PCR w/ Reflex Influenza A Subtyping <input type="checkbox"/> Arbovirus Detection (contact OSDH IDPR for approval*) <input type="checkbox"/> Measles Virus (contact OSDH IDPR for approval*) <input type="checkbox"/> Mumps Virus (contact OSDH IDPR for approval*) <input type="checkbox"/> Non-Variola Orthopoxvirus (contact PHL prior to submission)</p> <p>Sexually Transmitted Diseases</p> <p><input type="checkbox"/> <i>Chlamydia trachomatis</i> / <i>Neisseria gonorrhoeae</i> (CTGC), NAAT <input type="checkbox"/> HIV-1/2 Abs and HIV-1 Ag (approved submitters only) <input type="checkbox"/> Syphilis, Screen with Reflex to RPR, RPR Titer, TP-PA <input type="checkbox"/> Syphilis, RPR with Reflex to Titer <input type="checkbox"/> HIV and Syphilis (approved submitters only)</p> <p>Mycobacteriology / Mycology</p> <p><input type="checkbox"/> <i>Candida auris</i>, PCR <input type="checkbox"/> Mold Isolate, Identification <input type="checkbox"/> Yeast Isolate, Identification <input type="checkbox"/> Mycobacteria (AFB), Smear and Culture with Reflex to ID <input type="checkbox"/> Mycobacteria (AFB), Isolate ID</p>
<p>Microbiology – Clinical</p> <p><input type="checkbox"/> Enteric Pathogens Panel, Isolation and ID (Cary-Blair Medium only) <input type="checkbox"/> <i>Bordetella</i> spp. (contact OSDH IDPR for approval*) <input type="checkbox"/> Botulism (contact OSDH IDPR for approval*)</p>	<p>Parasitology</p> <p><input type="checkbox"/> <i>Plasmodium</i> spp.</p>
<p>Antibiotic Resistance Confirmation</p> <p><input type="checkbox"/> Carbapenem-resistant <i>Acinetobacter</i> spp. (include AST report) <input type="checkbox"/> Carbapenem-resistant <i>Enterobacteriaceae</i> (include AST report) <input type="checkbox"/> Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (include AST report)</p>	<p>Other Test Request</p> <p><input type="checkbox"/></p>
<p>Highly Hazardous and Suspect Biothreat Organisms Call 24/7 BT Hotline (405) 406-3511 prior to submission. Include biochemical results on Microbiology Supplemental Form.</p> <p><input type="checkbox"/> <i>Bacillus anthracis</i> <input type="checkbox"/> <i>Brucella</i> spp. <input type="checkbox"/> Ebola Virus <input type="checkbox"/> <i>Francisella tularensis</i> <input type="checkbox"/> Marburg Virus <input type="checkbox"/> Smallpox <input type="checkbox"/> <i>Yersinia pestis</i> <input type="checkbox"/> Other:</p>	

* For 24/7 Infectious Disease Prevention and Response (IDPR) Epidemiologist consultation, call (405) 426-8710.