



Oklahoma State Department of Health
Public Health Laboratory

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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) AM PM By
Source/Type*
Blood Serum Urine Stool CSF Pleural fluid Pericardial fluid Blood smears Sputum, expect. Sputum, induced
Bronchial brush Bronchial wash Bronchoalveolar lavage Tracheal aspirate Nasopharynx Oropharynx Nasal wash Eye
Vagina Cervix Tissue Wound/lesion Environmental Rectum/anus Cultured isolate (specify suspect agent)
Other

Test Request (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
Feces, 2g or 5-10mL in Cary Blair or GN Broth (STEC only)
Bordatella
Nasopharynx, 1 or 2 swabs; isolate & confirm visible growth
Chlamydia and gonorrhea (CTGC)
Urine, 20-30mL first void into cup, transfer to Aptima urine container until between fill lines; Vaginal/rectal/throat swab in Aptima 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 (HBsAg)
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
Nasopharyngeal (preferred), nasal, or throat swab, 1-2 in VTM
Respiratory Pathogen Panel
Nasopharyngeal swab, 1-2 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; CSF, 1mL (CSF must be accompanied by serum)
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; saliva, collect to fill line with Spectrum Solutions
SDNA-1000 Saliva Kit

Parasitology

- Parasites, blood
Babesia/trypanosomes/filariae: 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 2-6mL EDTA blood