OFFICE OF LABORATORY SERVICES
Andrea M. Labik, Sc.D. / Director
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PLACE BARCODE HERE

OLS USE ONLY

MICROBIOLOGY LABORATORY SPECIMEN SUBMISSION FORM

PATIENT INFORMATION

PATIENT ID (Chart #, etc.)		
LAST NAME	FIRST NAME	MI
DATE OF BIRTH	SS# *(last 4 only, optional)*	
COUNTY OF RESIDENCE	SEX ❑ Female ❑ Male	
STREET ADDRESS		
CITY	STATE	ZIP
PATIENT PHONE NO. *(optional)*		

SUBMITTER INFORMATION

FACILITY NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
COUNTY		
ATTENTION TO:		
PHONE NO.		
FAX NO.		

MANDATORY ARBOVIRUS INFORMATION

Date of Symptom Onset:

Clinical Symptoms:

|CSF Information|
Total WBC:
Total Protein:

MANDATORY VIROLOGY ISOLATION INFORMATION

Travel History (Date/Location):

Date of Symptom Onset:

Animal Contact ? ❑ Yes ❑ No | Avian Contact ? ❑ Yes ❑ No

Received current vaccine? ❑ Yes ❑ No

Vaccine Location: Within last 3 weeks? ❑ Yes ❑ No

OLS USE ONLY ❑ SATISFACTORY	ACC:
❑ UNSAT | Reason/ID:	DE:
❑ UNRELIABLE | Reason/ID:	CKD:

DATE OF COLLECTION:

SITE/SOURCE OF SPECIMEN:

❑ Blood	❑ Sputum
❑ Cellulose tape mount	❑ Sputum, induced
❑ CSF	❑ Stool
❑ Nasopharyngeal	❑ Stool, bloody
❑ Rectal	❑ Throat
❑ Serum	❑ Urethra
❑ Serum, acute	❑ Urine

❑ Serum, convalescent
❑ Wound (*location*:)
❑ Bronchial (*specify*:)
❑ Tissue (*specify*:)
❑ Fluid (*specify*:)
❑ Other (*specify*:)

TEST(S) REQUESTED:

BACTERIOLOGY

❑ General/Referred Culture
❑ Pertussis culture
❑ Enteric (stool in Cary-Blair)
❑ Gonorrhea culture
❑ Gonorrhea smear
❑ Unknown bacteriology ID

Suspected Organism (s):

MYCOBACTERIOLOGY

❑ Culture/Smear C
❑ TB ID/Confirmation R
❑ MOTT Identification R

Suspected Organism:

Date growth appeared:

Patient taking TB drugs? ❑ Yes ❑ No

Skin Test ❑ POS (+) ❑ NEG (-)

Chest X-ray ❑ Normal ❑Abnormal

Contact to TB patient? ❑ Yes ❑ No

Refrigerated? ❑ Yes ❑ No

VIROLOGY ISOLATION

❑ Respiratory Virus Panel
❑ Influenza A subtyping

MOLECULAR

❑ Norovirus RT-PCR

ONLY AFTER IDEP CONSULTATION

EPI CONTACT NAME:

PARASITOLOGY

❑ O&P, 10% formalin
❑ O&P, PVA
❑ O&P, other (inc. pinworm)

ARBOVIRUS

❑ Arbovirus antibody, human

COMMENTS:

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY MAY RESULT IN DELAYED TEST RESULTS

Rev. 05/2008