MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
MISSOURI STATE PUBLIC HEALTH LABORATORY

MICROBIOLOGY TEST REQUEST

101 NORTH CHESTNUT STREET, PO BOX 570
JEFFERSON CITY, MO 65101
(573) 751-3334
http://health.mo.gov/lab/index.php

TEST(S) REQUESTED

BORDETELLA

- ☐ Bordetella exam

ENTERIC

- ☐ E. coli O157:H7
- ☐ Routine stool exam
- ☐ Shiga toxin-producing E. coli
- ☐ Shigella
- ☐ Salmonella (O group suspected) _____
- ☐ Other: _____

PARASITOLOGY

- ☐ Routine stool exam
- ☐ Skin scraping exam
- ☐ Bloodborne parasite exam
- ☐ Other: _____

SPECIAL BACTERIOLOGY

- ☐ Agent/Disease Suspected: _____

Accession Number Barcode
(For SPHL use only)

SPECIMEN INFORMATION (ONLY one per form)

SPECIMEN TYPE (CHECK ONLY ONE)

- ☐ Blood/Blood Smear
- ☐ Culture Isolate
- ☐ Skin Scraping
- ☐ Raw Stool
- ☐ NP Swab/Aspirate
- ☐ Other: _____

SOURCE (CHECK ONLY ONE)

- ☐ Blood
- ☐ Sputum
- ☐ Urine
- ☐ CSF
- ☐ Stool
- ☐ Other: _____
- ☐ Nasopharyngeal
- ☐ Wound: _____

DATE COLLECTED (MM/DD/YYYY)

SPECIMEN ID

PATIENT INFORMATION

PATIENT ID | LAST NAME | FIRST NAME | M.I.

BIRTH DATE (MM/DD/YYYY) | ADDRESS

CITY | STATE | ZIP CODE | TELEPHONE NUMBER

GENDER
☐ Female ☐ Male

ETHNICITY
☐ Hispanic ☐ Non Hispanic ☐ Unknown

RACE
☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander ☐ Other ☐ Unknown

ATTENDING PHYSICIAN/CLINICIAN INFORMATION

ATTENDING PHYSICIAN/CLINICIAN LAST NAME | ATTENDING PHYSICIAN/CLINICIAN FIRST NAME

ATTENDING PHYSICIAN/CLINICIAN FACILITY NAME | TELEPHONE NUMBER

ADDRESS | CITY | STATE | ZIP CODE

SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)

FACILITY NAME

ADDRESS | CITY | STATE | ZIP CODE

SUBMITTER CONTACT NAME | SUBMITTER TELEPHONE NUMBER

ADDITIONAL PATIENT INFORMATION

MEDICAL RECORDS/CHART | MEDICAID NUMBER/DCN ___|___|___|___|___|___|___|___ | PATIENT'S COUNTY OF RESIDENCE

DATE OF ONSET/EXPOSURE (MM/DD/YYYY) | PREVIOUS LABORATORY RESULT

IMMUNIZATIONS
☐ Vaccines with series complete ☐ In progress ☐ Not started Treatment _____

INCIDENCE
☐ Contact ☐ Single case ☐ Treatment follow-up ☐ Outbreak _____

TRAVEL
☐ Foreign Mth/Yr _____ ☐ USA Mth/Yr _____ Location of travel _____