



TEST(S) REQUESTED						Accession Number Barcode (For SPHL use only)	
<b>SEROLOGY</b> Arbovirus (WN & SLE) IgM Measles IgM / Rubella IgM SARS-CoV-2 IgG (COVID-19) Other (Specify):  <b>MOLECULAR (PCR)</b> Influenza                      SARS-CoV-2 (COVID-19) Mumps Rash Testing (VZV/HSV) Norovirus (Outbreak Location) Other (Specify):		<b>HEPATITIS</b> Hepatitis A (Diagnostic) Anti-HAV IgM Hepatitis B Pregnant (HBsAg, anti-HBc, anti-HBs) Prenatal Contact (anti-HBc) Infant Serology (anti-HBs & HBsAg) Refugee Screen (HBsAg) Hepatitis C Anti-HCV Anti-HCV, HBsAg, anti-HBc, anti-HBs				<b>VIRUS ISOLATION</b> Culture Testing Influenza A&B Parainfluenza Adenovirus Enterovirus Cytomegalovirus (CMV) Varicella Zoster	
SPECIMEN INFORMATION – Check appropriate specimen type and fill in requested information (ONLY one per form)							
SPECIMEN TYPE (CHECK ONLY ONE)							
Serum	Stool	Lesion Roof/Scab	Swab - Anterior Nares	Swab - Nasal	Swab - Throat	Plasma	
Blood	Urine	Dry Swab	Swab - Buccal	Swab - Dual Nasal/Oropharyngeal	Resp. Wash/Aspirate	Other	
CSF	Emesis (Vomit)	Wound/Tissue Biopsy	Swab - Conjunctival	Swab - Nasopharyngeal			
DATE COLLECTED (MM/DD/YYYY)				CLIENT REFERENCE			
PATIENT INFORMATION							
PATIENT ID		LAST NAME			FIRST NAME		M.I.
BIRTHDATE (MM/DD/YYYY)			ADDRESS				
CITY			STATE	ZIPCODE	TELEPHONE NUMBER		
GENDER		RACE					
Female                      Male		White		Black/African American		Asian	American Indian/Alaska Native
ETHNICITY		Native Hawaiian/Pacific Islander		Other		Unknown	
Hispanic		Non Hispanic		Unknown			
ATTENDING PHYSICIAN/CLINICIAN INFORMATION							
PHYSICIAN LAST NAME			PHYSICIAN FIRST NAME			NPI NUMBER (IF APPLICABLE)	
PHYSICIAN FACILITY NAME					PHYSICIAN TELEPHONE NUMBER		
ADDRESS			CITY		STATE	ZIPCODE	
SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)							
FACILITY							
ADDRESS			CITY		STATE	ZIPCODE	
SUBMITTER CONTACT NAME			SUBMITTER TELEPHONE NUMBER			DATE TEST ORDERED (MM/DD/YYYY)	
ADDITIONAL PATIENT INFORMATION							
MEDICAL RECORDS/CHART		MEDICAID NUMBER/DCN		DATE OF ONSET (MM/DD/YYYY)		PATIENT COUNTY	
INFLUENZA VACCINATION			MMR VACCINATION DATE			OUTREACH EVENT	
Yes                      No                      DATE:							
COVID VACCINATION			PATIENT PREGNANT				
Yes                      No                      DATE:			Yes		No		Unknown
SEROLOGY INFORMATION				EPIDEMIOLOGICAL DATA			
ACUTE DATE		CONVALESCENT DATE		INDIDENCE		Outbreak:	
				Single Case			

