MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES MISSOURI STATE PUBLIC HEALTH LABORATORY VIROLOGY TEST REQUEST

101 NORTH CHESTNUT STREET, PO BOX 570 JEFFERSON CITY, MO 65101 (573) 751-3334

http://health.mo.gov/lab/

TEST(S) REQUESTED									
SEROLOGY		HEPATITIS					Accession Number Barcode		
Arbovirus (WN & SLE) IgM		Hepatitis A (Diagnostic)						L use only)	
Measles IgM / Rubella IgM		Anti-HAV IgM							
SARS-CoV-2 IgG (COVID-19)		Hepatitis B							
Other (Specify):	7		Pregnant (H	BsAg, anti-	-HBc, anti-HBs)	VIR	US ISOLATIO	N	
(F	Prenatal Co	ntact (anti-	HBc)	С	ulture Testing		
MOLECULAR (PCR)					Bs & HBsAg)		Influenza	A&B	
Influenza SARS-CoV-2 (COVID-19)		Refugee Screen (HBsAg)					Parainfluenza		
Mumps		Hepatitis C					Adenovirus		
Rash Testing (VZV/HSV)		Anti-HCV					Enterovirus		
Norovirus (Outbreak Location)		Anti-HCV, HBsAg, anti-HBc, anti-HBs					Cytomegalovirus (CMV)		
Other (Specify):							Varicella Zoster		
SPECIMEN INFORMATION -	Check appropriate	specimen t	type and	fill in red	quested informatio	n (ONL)	Y one per fori	n)	
SPECIMEN TYPE (CHECK ONLY ONE) Serum Stool	Lesion Roof/Scab	Curch Ante	oriar Marca	Swah	- Nasal	-		Dlasma	
	Dry Swab				- Nasai - Dual Nasal/Oropharyn	wab - Throat Plasma esp. Wash/Aspirate Other			
	Swab - Buccal Swab - Dual Nasal/Oropharyngea Swab - Conjunctival Swab - Nasopharyngeal					al Resp. Wash/Aspirate Other			
COI LINESIS (VOINIL)	Wound/Tissue Biopsy	Swab - Con	ijurictivai						
DATE COLLECTED (MM/DD/YYYY)	CLIENT REFERENCE								
PATIENT INFORMATION									
PATIENT ID	LAST NAME				FIRST NAME				M.I.
BIRTHDATE (MM/DD/YYYY)		ADDRESS			<u> </u>				1
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OUT		<u> </u>	07175	7,000		T == =			
CITY			STATE	ZIPCOD	E	TELE	PHONE NUMBER		
GENDER		RACE							
Female Male		White	_		n American	Asian		ın Indian/Alaska	Native
Female Male ETHINCITY	io Unknown	White	B Hawaiian/l			Asian Other	America Unknow		Native
Female Male ETHINCITY Hispanic Non Hispar	nic Unknown	White Native	_						Native
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