



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MISSOURI STATE PUBLIC HEALTH LABORATORY
CLINICAL EMERGENCY RESPONSE TEST REQUEST

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

Accession Number Barcode
 (For SPHL use only)

TEST REQUESTED

ANALYSIS REQUESTED

DATE COLLECTED (YYYY/MM/DD) SPECIMEN ID (SUBMITTERS SPECIMEN ID)

PATIENT INFORMATION (REQUIRED)

PATIENT LAST NAME PATIENT FIRST NAME

BIRTH DATE (YYYY/MM/DD) ADDRESS

CITY STATE ZIP CODE TELEPHONE NUMBER

ORDERING CLINICIAN INFORMATION

LAST NAME FIRST NAME TELEPHONE NUMBER

SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)

NUMBER NAME

ADDRESS CITY STATE ZIP CODE

SUBMITTER CONTACT NAME SUBMITTER TELEPHONE NUMBER OUTREACH EVENT

ADDITIONAL PATIENT INFORMATION

PARENT/GUARDIAN NAME (LAST NAME, FIRST NAME) PARENT/GUARDIAN DAYTIME PHONE NUMBER

LOCATION OF PATIENT DURING EVENT LEVEL OF EXPOSURE
 Low Medium High

SYMPTOMS (IF ANY) TIME OF ONSET MEDICAL TREATMENT RECEIVED