

## Test Request Form

Patient Information											
*Name: (Last)				* (First)				(M)			
*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				Race/Ethnicity:				*DOB (mm/dd/yyyy):			
Specimen Information											
*Collection Date/Time:				*Type/Source:				<input type="checkbox"/> Acute <input type="checkbox"/> Convalescent			
Facility Information											
*Facility Name:				Address:				*Phone:			
*Physician (Last, First Name):						*Facility Code:					
Patient Data											
**Address:				**City/County:				**Phone:			
State&Zip:				Hospitalization: <input type="checkbox"/> Yes <input type="checkbox"/> No Care Facility: <input type="checkbox"/> Resident <input type="checkbox"/> Employee				Symptoms:			
Test Request											
<b>MANDATORY REPORTABLE CONDITION</b> <input type="checkbox"/> Isolate: _____  <b>BACTERIOLOGY</b> <input type="checkbox"/> Aerobic Culture ID: _____ <input type="checkbox"/> Anaerobic Culture ID: _____ <input type="checkbox"/> Bordetella species HDA <input type="checkbox"/> Carbapenem Resistance Gene Screen <input type="checkbox"/> Gastrointestinal (GI) Panel <input type="checkbox"/> Legionella Culture <input type="checkbox"/> Q Fever ( <i>Coxiella burnetii</i> ) PCR <input type="checkbox"/> Rickettsia PCR <b>BIOTERRORISM RULE OUT</b> <input type="checkbox"/> Agent Suspected: _____  <b>MYCOBACTERIOLOGY</b> <input type="checkbox"/> Mycobacteria Culture (TB) & Smear <input type="checkbox"/> Mycobacteria TB complex /Rifampin Screen ( <b>Requires Culture &amp; Smear</b> ) <input type="checkbox"/> Mycobacteria Reference ID <input type="checkbox"/> Quantiferon (TB)  <b>MYCOLOGY</b> <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Fungal Reference ID  <b>PARASITOLOGY</b> <input type="checkbox"/> Ova and Parasites <input type="checkbox"/> Giemsa Thick & Thin Blood Smears				<b>HEPATITIS</b> <input type="checkbox"/> Hepatitis A Antibody, IgM <input type="checkbox"/> Hepatitis A, B & C Panel <input type="checkbox"/> Hepatitis B & C Panel <input type="checkbox"/> Hepatitis B Core Antibody, IgM <input type="checkbox"/> Hepatitis B Core Antibody (Anti-HBC), Total <input type="checkbox"/> Hepatitis B Surface Antibody (Anti-HBs) <input type="checkbox"/> Hepatitis B Surface Antigen (HBsAg) <input type="checkbox"/> Hepatitis C Antibody (Anti-HCV) <input type="checkbox"/> Hepatitis C Virus Genotyping <input type="checkbox"/> Hepatitis C Virus RNA (Quantitative) <input type="checkbox"/> Prenatal Hep B Surface Antigen (HBsAg)  <b>STD/SCREENING</b> <input type="checkbox"/> Chlamydia trachomatis/N gonorrhoeae <input type="checkbox"/> Fluorescent Treponemal Antibody <input type="checkbox"/> HIV-1, 2 Antibody/HIV-1 p24 Antigen Combo <input type="checkbox"/> Mycoplasma genitalium <input type="checkbox"/> RPR Syphilis <input type="checkbox"/> Syphilis Testing Panel <input type="checkbox"/> TP-PA: Treponema pallidum Particle Agglutination <input type="checkbox"/> VDRL (CSF)  <b>VIROLOGY</b> <input type="checkbox"/> Enterovirus PCR <input type="checkbox"/> Herpes Simplex/Varicella Zoster Virus HDA <input type="checkbox"/> Influenza Virus PCR <input type="checkbox"/> Measles (Rubeola) Virus PCR <input type="checkbox"/> Mumps Virus PCR <input type="checkbox"/> Respiratory Panel (RP2) PCR <input type="checkbox"/> SARS-CoV-2 PCR (COVID19) <input type="checkbox"/> Trioplex (Zika, Dengue, Chikg) Virus PCR - must meet CDC criteria				<b>IMMUNOLOGY</b> <input type="checkbox"/> Arbovirus Encephalitis Panel <input type="checkbox"/> Brucella Antibody <input type="checkbox"/> Encephalitis Panel Antibody, IgM <input type="checkbox"/> Francisella tularensis Antibody <input type="checkbox"/> Hantavirus Antibody, IgM <input type="checkbox"/> Herpes Simplex Virus Antibody, IgM <input type="checkbox"/> Lyme Disease Antibody <input type="checkbox"/> Measles (Rubeola) Virus Antibody, IgG Immune Screen <input type="checkbox"/> Measles (Rubeola) Virus Antibody, IgM <input type="checkbox"/> Mumps Virus Antibody, IgG Immune Screen <input type="checkbox"/> Mumps Virus Antibody, IgM <input type="checkbox"/> Rocky Mountain Spotted Fever Antibody <input type="checkbox"/> Rubella Virus Antibody, IgG Immune Screen <input type="checkbox"/> Rubella Virus Antibody, IgM <input type="checkbox"/> SARS-CoV-2 TrimericS IgG, Immune Screen <input type="checkbox"/> Varicella Zoster Virus IgG, Immune Screen <input type="checkbox"/> Varicella Zoster Virus Antibody, IgM <input type="checkbox"/> West Nile Virus Antibody, IgM  <b>Surveillance</b> <input type="checkbox"/> SARS-CoV-2 WGS (Whole Genome Sequencing)  <input type="checkbox"/> <b>OTHER</b> _____			

\*Required Field

\*\*Required Field for COVID19 tests