NH PUBLIC HEALTH LABORATORIES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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CLINICAL LABORATORY TEST REQUISITION

http://www.dhhs.nh.gov/dphs/lab/documents/labrequisition.pdf

Place Barcode label here

Please check if specimen is a(n):
- ☐ **STATE REQUESTED TEST** - Approved by: _____
- ☐ **OUTBREAK INVESTIGATON** - Outbreak Comments: _____

SUBMITTER INFORMATION - Please Print Legibly

Submitter Facility Code: _____
Submitter Facility Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Telephone No.: _____ Fax No.: _____
Physician (Full Name): _____
OTHER Report to: _____

PATIENT INFORMATION - Please Print Legibly

NOTE: **All specimens MUST have Date of Birth and Date of Collection; Patient Address is needed for State requested or outbreak investigation testing;** Medicaid patients need Medicaid # and ICD (Diagnosis) Code for billing purposes

Last Name: _____
First Name: _____
Patient ID #: _____
D.O.B:_____ Age: _____ Sex: M F
M M / D D / Y Y
Address: _____
City: _____ State: _____ Zip: _____
Patient Tel #: _____

Check if patient is:
- _ Healthcare Worker
- _ Inpatient
- _ Emergency Responder
- _ Long Term Care resident

Race (Circle One): WHITE BLACK ASIAN NATIVE–American/Alaskan MULTIRACIAL HAWAIIAN/PACIFIC ISLANDER UNKNOWN OTHER _____

Ethnicity (Circle One): NON-HISPANIC HISPANIC UNKNOWN

SPECIMEN INFORMATION:

DATE of collection: _____
TIME of collection: _____

SITE/SOURCE of Specimen (please check):

___ Serum
___ Whole Blood
___ Sputum
___ Bronchial Washing
___ CSF
___ Cervix
___ Nasopharyngeal
___ Oropharyngeal
___ Rectal
___ Stool
___ Throat
___ Urethra
___ Urine
___ Vagina
___ Tissue (Specify) _____
___ Fluid (Specify) _____
___ Other (Specify) _____

Date of Onset of Symptoms:

***PATIENT TRAVEL HISTORY*:** **(Please supply date(s) and location)**

TEST LIST

NOTE: Ab = Antibody Ag = Antigen

EPIDEMIOLOGY STUDY
(Isolate or specimen)
- _ R/O *Bacillus anthracis*
- _ R/O Brucella spp
- _ R/O Burkholderia spp
- _ R/O *Bacillus cereus*
- _ R/O *Francisella tularensis*
- _ R/O *Yersinia pestis*
- _ *Bacillus cereus*
- _ *B. pertussis*
- _ Campylobacter spp
- _ Carbapenem Resistant Org
  Organism: _____
- _ *C. botulinum/tetani*
- _ *C. diphtheriae*
- _ Cryptosporidium CDC Study
- _ EHEC/Shiga-like toxin
- _ *H. influenzae*
- _ Hep A Virus Genotyping
- _ Legionella spp
- _ Listeria spp
- _ *M. tuberculosis*
- _ *N. gonorrhoeae*
- _ *N. meningitidis*
- _ Plasmodium/Babesia
- _ Salmonella spp
- _ Shigella spp
- _ *Strep. pneumoniae*
- _ Vibrio spp
- _ Yersinia spp

BACTERIAL CULTURE/ISOLATE ID
- _ Aerobic
- _ Anaerobic
- _ Antimicrobial Susceptibility
- _ Enteric Culture
- _ Screen (Salmonella, Shigella only)
- _ Full – (Salmonella, Shigella, Campylobacter, Aeromonas, Plesiomonas, EHEC, Yersinia)
- _ Isolate ID: _____

CHEMISTRY
- _ Arsenic – Total, Urine
- _ Metals, Blood
- _ Other _____

CHLAMYDIA
- _ Amplified

GONORRHEA
- _ Amplified
- _ Culture

HEPATITIS
- _ A IgM Ab
- _ A Total Ab
- _ B Core IgM Ab
- _ B Core Total Ab
- _ B Surface Ab
- _ B Surface Ag
- _ C Ab – Screen
- _ C Genotyping
- _ C RNA Quantitative

HIV
- _ HIV Ag/Ab Combo
- _ HIV-1/2/Group O – Screen (*Decedent only*)

MYCOBACTERIA (AFB) (TB)
- _ NAA Direct Test (Sputa specs only)
- _ Culture & Smear
- _ Mycobacteria ID

LEGIONELLA
- _ Culture
- _ DFA

PARASITOLOGY
- _ *Blood Parasite* (Need travel history)

PERTUSSIS
- _ Culture
- _ PCR

SYPHILIS
- _ RPR – Qual - Screen
- _ RPR – Quant - Titer
- _ TP-PA
- _ VDRL (CSF only)

VIRUS TESTING
- _ Arbovirus IgM
- _ Chikungunya RT-PCR
- _ *COVID-19 Coronavirus*
- _ Herpes 1&2 IgG Ab
- _ Measles (Rubeola) IgG
- _ Measles (Rubeola) IgM
- _ Measles RT-PCR
- _ Mumps IgG
- _ Mumps RT-PCR
- _ Norovirus RT-PCR
- _ Respiratory Panel (Amplified)
- _ Rubella IgG
- _ Varicella-Zoster IgG
- _ Other _____

COMMENTS:

PHL USE ONLY

Other Test Requested or Additional Comments and Remarks: _____ 3/20/2020