



Bureau of Laboratory Services
 250 N. 17th Avenue Phoenix, Arizona 85007-3231
 Tel: (602) 542-1188 Fax: (602) 364-0758
 Victor Waddell, Ph.D., Bureau Chief

For Department Use Only

PATIENT INFORMATION

Last name: _____ First name: _____ MI: _____
 DOB (MM/DD/YYYY): _____ Age: _____ Sex: M F T Patient ID: _____
 Street address: _____ City: _____ State: _____ Zip: _____ County: _____
 Ethnicity: Hispanic Yes No Race: White African American Asian American Indian/Alaska Native Other
 Date of first symptoms: ____/____/____

SUBMITTING AGENCY INFORMATION

Agency name: _____ Agency ID Code: _____
 Street address: _____ City: _____ State: _____ Zip: _____ County: _____
 Contact name: _____ Tel: _____

ORDERING PROVIDER INFORMATION

Provider name: _____ Tel: _____
 Facility name: _____ Tel: _____
 Street address: _____ City: _____ State: _____ Zip: _____ County: _____

SPECIMEN INFORMATION & TYPE

Collection date: _____

<input type="checkbox"/> Serum <input type="checkbox"/> Acute <input type="checkbox"/> Convalescent	<input type="checkbox"/> Plasma	<input type="checkbox"/> Whole blood	<input type="checkbox"/> CSF
<input type="checkbox"/> Swab, site:	<input type="checkbox"/> Urine	<input type="checkbox"/> Sputum	<input type="checkbox"/> Stool
<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Tissue, specify:	<input type="checkbox"/> Wound, site:	<input type="checkbox"/> Body fluid, specify:

Clinical Reference: Broth Isolate Reason for testing: Outbreak Surveillance Post Mortem Screening Diagnostics
 Outbreak name: _____

<p>VIROLOGY</p> <input type="checkbox"/> CMV Culture <input type="checkbox"/> Enterovirus Culture <input type="checkbox"/> Influenza <input type="checkbox"/> *Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Respiratory Virus Culture <input type="checkbox"/> Other _____ <p>SELECT AGENTS**</p> <input type="checkbox"/> Avian Influenza H5N1 <input type="checkbox"/> *Bacillus anthracis <input type="checkbox"/> *Brucella spp. <input type="checkbox"/> *Burkholderia spp. <input type="checkbox"/> *Francisella tularensis <input type="checkbox"/> *Orthopox <input type="checkbox"/> *Q Fever <input type="checkbox"/> *Yersinia pestis <p><small>**Please refer to the Guide to Laboratory Services: Microbiology, Section 8 for the definition of select agents and the testing available at Arizona State Laboratory</small></p>	<p>BACTERIOLOGY</p> <input type="checkbox"/> *Bordetella pertussis <input type="checkbox"/> *Clostridium botulinum toxin <input type="checkbox"/> *Corynebacterium diphtheriae <input type="checkbox"/> Enteric culture <input type="checkbox"/> Escherichia coli / Shigatoxin <input type="checkbox"/> Haemophilus influenzae <input type="checkbox"/> Legionella spp. <input type="checkbox"/> Leptospira spp. <input type="checkbox"/> Listeria spp. <input type="checkbox"/> Neisseria meningitidis <input type="checkbox"/> Salmonella spp. <input type="checkbox"/> Shigella spp. <input type="checkbox"/> Streptococcus pneumoniae <input type="checkbox"/> Vibrio <input type="checkbox"/> VISA/VRSA <input type="checkbox"/> Other: _____ <p>PARASITOLOGY†</p> <input type="checkbox"/> Blood/Tissue <input type="checkbox"/> Giardia/Cryptosporidium <input type="checkbox"/> † For malaria testing please collect patient travel history <p>MYCOBACTERIOLOGY</p> <input type="checkbox"/> Culture <input type="checkbox"/> ID (Referred Culture) <input type="checkbox"/> *Nucleic Acid Amplification <input type="checkbox"/> Smear <input type="checkbox"/> Susceptibility	<p>SEROLOGY</p> <input type="checkbox"/> *Borrelia burgdorferi EIA (Lyme) <input type="checkbox"/> Dengue IgM EIA <input type="checkbox"/> *Hantavirus IgG EIA <input type="checkbox"/> *Hantavirus IgM EIA <input type="checkbox"/> *Measles IgM EIA <input type="checkbox"/> Mumps IgM EIA <input type="checkbox"/> Rickettsial Panel IFA <input type="checkbox"/> Rickettsial Q Fever <input type="checkbox"/> Rickettsial Spotted Fever <input type="checkbox"/> Rickettsial Typhus Fever <input type="checkbox"/> *Rubella IgM EIA <input type="checkbox"/> St. Louis Encephalitis EIA <input type="checkbox"/> Western Equine Encephalitis EIA <input type="checkbox"/> West Nile Virus EIA <input type="checkbox"/> Other: _____
--	---	--

Submitting Lab Findings or Preliminary ID: _____

*Prior notification is required for: Bacillus anthracis, Bordetella pertussis, Brucella spp., Clostridium botulinum toxin, Corynebacterium diphtheriae, emerging or exotic diseases, Francisella tularensis, Hantavirus, Borrelia burgdorferi (Lyme), Measles, Mycobacteria NAA, Rubella, or Yersinia pestis testing. CALL: (602) 364-3676

ALL FIELDS HIGHLIGHTED IN YELLOW ARE REQUIRED FOR SPECIMEN PROCESSING. IN ADDITION, AT LEAST ONE TEST MUST BE REQUESTED.

Patient address and telephone number are required, when available, per R9-6-204(B3) <http://www.azdhs.gov/lab/microbiology> 05/24/2013

Submission Form: Clinical Microbiology

- This form is required for submission of **all clinical specimens** including virology, bacteriology, serology, parasitology and select agents.
- All information must match the specimen.
- This submission form must accompany all specimens.



Health and Wellness for all Arizonans

Patient Information: This portion of the form asks for patient information needed to process the sample. **All yellow highlighted fields are required.** Please fill out the form legibly (typed is preferred) with correct spelling.

Note: Date of Birth (preferred) or Age can be given.

PATIENT INFORMATION

Last name: _____ First name: _____ MI: _____
DOB (MM/DD/YYYY): _____ Age: _____ Sex: M F T Patient ID: _____
Street address: _____ City: _____ State: _____ Zip: _____ County: _____
Ethnicity: Hispanic Yes No Race: White African American Asian American Indian/Alaska Native Other
Date of first symptoms: ____/____/____

SUBMITTING AGENCY INFORMATION

Agency name: _____ Agency ID Code: _____
Street address: _____ City: _____ State: _____ Zip: _____ County: _____
Contact name: _____ Tel: _____

ORDERING PROVIDER INFORMATION

Provider name: _____ Tel: _____
Facility name: _____ Tel: _____
Street address: _____ City: _____ State: _____ Zip: _____ County: _____

Submitting Agency: Please fill out your facility name, contact employee and a telephone number. If there is ordering provider information available, please include that as well.

Specimen Information:

The information regarding the sample is very important.

Collection date and the type of specimen/source are required for testing.

Please state where the specimen came from by checking one of the boxes. Please note in “other”, if sample source is not seen here.

SPECIMEN INFORMATION & TYPE

Collection date: _____ Very important!

<input type="checkbox"/> Serum	<input type="checkbox"/> Acute	<input type="checkbox"/> Convalescent	<input type="checkbox"/> Plasma
<input type="checkbox"/> Swab, site:	<input type="checkbox"/> Urine	<input type="checkbox"/> Sputum	<input type="checkbox"/> CSF
Other, specify:	<input type="checkbox"/> Tissue, specify:	<input type="checkbox"/> Wound, site:	<input type="checkbox"/> Body fluid, specify:
<input type="checkbox"/> Clinical	Reference: <input type="checkbox"/> Broth <input type="checkbox"/> Isolate	Reason for testing: <input type="checkbox"/> Outbreak <input type="checkbox"/> Surveillance <input type="checkbox"/> Post Mortem <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostics	

Outbreak name: _____

<p>VIROLOGY</p> <input type="checkbox"/> CMV Culture <input type="checkbox"/> Enterovirus Culture <input type="checkbox"/> Influenza <input type="checkbox"/> *Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Respiratory Virus Culture <input type="checkbox"/> Other _____ <p>SELECT AGENTS**</p> <input type="checkbox"/> Avian Influenza H5N1 <input type="checkbox"/> * <i>Bacillus anthracis</i> <input type="checkbox"/> * <i>Brucella</i> spp. <input type="checkbox"/> * <i>Burkholderia</i> spp. <input type="checkbox"/> * <i>Francisella tularensis</i> <input type="checkbox"/> *Orthopox <input type="checkbox"/> *Q Fever <input type="checkbox"/> * <i>Yersinia pestis</i> <p><small>**Please refer to the Guide to Laboratory Services: Microbiology, Section 8 for the definition of select agents and the testing available at Arizona State Laboratory</small></p>	<p>BACTERIOLOGY</p> <input type="checkbox"/> * <i>Bordetella pertussis</i> <input type="checkbox"/> * <i>Clostridium botulinum</i> toxin <input type="checkbox"/> * <i>Corynebacterium diphtheriae</i> <input type="checkbox"/> Enteric culture <input type="checkbox"/> <i>Escherichia coli</i> / Shigatoxin <input type="checkbox"/> <i>Haemophilus influenzae</i> <input type="checkbox"/> <i>Legionella</i> spp. <input type="checkbox"/> <i>Leptospira</i> spp. <input type="checkbox"/> <i>Listeria</i> spp. <input type="checkbox"/> <i>Neisseria meningitidis</i> <input type="checkbox"/> <i>Salmonella</i> spp. <input type="checkbox"/> <i>Shigella</i> spp. <input type="checkbox"/> <i>Streptococcus pneumoniae</i> <input type="checkbox"/> <i>Vibrio</i> <input type="checkbox"/> VISA/VRSA <input type="checkbox"/> Other: _____ <p>PARASITOLOGY†</p> <input type="checkbox"/> Blood/Tissue <input type="checkbox"/> <i>Giardia</i> / <i>Cryptosporidium</i> <input type="checkbox"/> † For malaria testing please collect patient travel history	<p>SEROLOGY</p> <input type="checkbox"/> * <i>Borrelia burgdorferi</i> EIA (Lyme) <input type="checkbox"/> Dengue IgM EIA <input type="checkbox"/> *Hantavirus IgG EIA <input type="checkbox"/> *Hantavirus IgM EIA <input type="checkbox"/> *Measles IgM EIA <input type="checkbox"/> Mumps IgM EIA <input type="checkbox"/> Rickettsial Panel IFA <input type="checkbox"/> Rickettsial Q Fever <input type="checkbox"/> Rickettsial Spotted Fever <input type="checkbox"/> Rickettsial Typhus Fever <input type="checkbox"/> *Rubella IgM EIA <input type="checkbox"/> St. Louis Encephalitis EIA <input type="checkbox"/> Western Equine Encephalitis EIA <input type="checkbox"/> West Nile Virus EIA <input type="checkbox"/> Other: _____ <p>MYCOBACTERIOLOGY</p> <input type="checkbox"/> Culture <input type="checkbox"/> ID (Referred Culture) <input type="checkbox"/> *Nucleic Acid Amplification <input type="checkbox"/> Smear <input type="checkbox"/> Susceptibility
--	--	---

Submitting Lab Findings or Preliminary ID: _____

*Prior notification is required for: *Bacillus anthracis*, *Bordetella pertussis*, *Brucella* spp., *Clostridium botulinum* toxin, *Corynebacterium diphtheriae*, emerging or exotic diseases, *Francisella tularensis*, Hantavirus, *Borrelia burgdorferi* (Lyme), Measles, Mycobacteria NAA, Rubella, or *Yersinia pestis* testing. CALL: (602) 364-3676

ALL FIELDS HIGHLIGHTED IN YELLOW ARE REQUIRED FOR SPECIMEN PROCESSING. IN ADDITION, AT LEAST ONE TEST MUST BE REQUESTED.

Patient address and telephone number are required, when available, per R9-6-204(B3) <http://www.azdhs.gov/lab/microbiology>

05/24/2013

Test Requested:

- Please check the box for the test requested on the specimen.
- Please be aware that some of these tests need prior approval.