



All fields highlighted in yellow are **required** for specimen processing. In addition, at least one test must be requested.

PATIENT INFORMATION (Patient address and telephone number are required, when available, per R9-6-204(B))

Last name: _____ First name: _____ Middle: _____
 DOB: _____ Age: _____ Sex: M F Patient ID: _____
 Street address: _____ City: _____ State: _____ Zip: _____ County: _____
 Telephone Number: _____
 Ethnicity: Hispanic Y N Race: White African American Asian American Indian/Alaska Native Other
 Date of first symptoms: _____ Date of death (DOD): _____

SUBMITTING AGENCY

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

ORDERING PROVIDER INFORMATION

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

SPECIMEN INFORMATION

Collection date: _____ Clinical or Reference: Broth Isolate

Blood/Serum → Acute Convalescent Random CSF
 Whole Blood/Plasma (anticoagulant) → Purple Top (EDTA) Green Top (Heparin) Gray Top (NaF) Other: _____
 Swab, site: _____ Urine Sputum Induced Sputum Stool
 Tissue, specify: _____ Wound, site: _____ Swab or Tissue (circle)
 Body fluid, specify: _____ Other, specify: _____

Reason for testing: Diagnostic Screening Surveillance Post Mortem Outbreak: _____

Submitting Lab Findings or Preliminary ID: _____

Refer to the Guide to Laboratory Services for more information on specific testing

Virology/Serology

- Chikungunya virus (IgM EIA/PCR)
- Dengue virus (IgM EIA/PCR)
- Enterovirus culture
 - *D68
- Hantavirus IgG & IgM EIA
- Influenza PCR
 - *Avian lineages
 - *anti-viral resistance
- General/Respiratory Virus ID
 - Suspect agent: _____
- *Measles (IgM EIA/PCR/Culture)
- *MERScoV PCR
- *Mumps (IgM EIA/PCR/Culture)
- Norovirus PCR
- Q-Fever (Phase I & II) IgG IFA
- Spotted Fever Group IgG IFA (RMSF)
- Rubella IgM EIA
- WNV IgM EIA & SLE IgM EIA
- *Zika virus (IgM EIA/PCR)
- Other: _____

Bacteriology

- *Bordetella pertussis
- *Clostridium botulinum toxin
- *Corynebacterium diphtheriae
- CRE
- Enteric culture
- Shigatoxin
- Haemophilus influenzae
- Legionella spp.
- Leptospira spp.
- Listeria spp.
- Neisseria meningitidis
- Salmonella spp.
- Shigella spp. (serogrouping only)
- Vibrio
- VISA/VRSA
- Yersinia spp.
- CIDT Confirmation
 - Organism ID: _____
- Other: _____

Parasitology[±]:

- Blood/Tissue
 - Giardia/ Cryptosporidium
- [±] for malaria testing, attach patient travel history

Mycobacteriology:

- Culture
- ID (Referred Culture)
- *Nucleic Acid Amplification
- Smear
- Susceptibility

Select Agents:

- *Bacillus anthracis
- *Brucella spp.
- *Burkholderia spp.
- *Francisella tularensis
- *Orthopox
- *Coxiella, Q-Fever PCR
- *Yersinia pestis

Chemistry:

- Toxicology Surveillance Panel

* Prior notification is required. Call (602) 364-3676 After Hours (480) 303-1191

For information on shipping specimens and isolates to the state lab: <http://www.azdhs.gov/lab/shipping-receiving.htm>

Microbiology laboratory results may be made available to the local jurisdictional health department for review per A.R.S. §36-160