Arizona Department of Health Services

BUREAU OF STATE LABORATORY SERVICES
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MICROBIOLOGY SUBMISSION FORM #2

For Department Use Only

Patient's Last Name	Patient's First Name	Middle Initial	Submitting Agency	Agency ID Code
Social Security Number	Patient ID #/Chart #		Contact	Telephone
Date of Birth	Age	M F	Physician	Submitting Agency Address
Race: ☐ White ☐ Black ☐ Hispanic ☐ Native American ☐ Asian ☐ Other			City	State / Zip Code

SYMPTOMS

- ☐ RESPIRATORY
- ☐ ENTERIC
- ☐ EXANTHEM
- ☐ CNS

DATE OF COLLECTION _____

DATE OF ONSET _____

DATE OF EXPOSURE _____

TEST REASONS

- ☐ DIAGNOSIS
- ☐ SCREEN
- ☐ CONTACT
- ☐ POST TREATMENT
- ☐ SURVEILLANCE
- ☐ OUTBREAK INVESTIGATION
- ☐ SPECIAL REQUEST

☐ CLINICAL

☐ REFERENCE

SPECIMEN TYPE (REQUIRED)

- ☐ ACUTE SERUM
- ☐ CONVALESCENT SERUM
- ☐ RANDOM SERUM
- ☐ PLASMA (ANTICOAGULANT _____)
- ☐ WHOLE BLOOD (ANTICOAGULANT _____)
- ☐ CSF
- ☐ URINE
- ☐ SPUTUM
- ☐ STOOL
- ☐ AMNIOTIC FLUID
- ☐ CORD BLOOD
- ☐ SWAB (SITE: _____)
- ☐ WASH/ASPIRATE (SITE: _____)
- ☐ TISSUE (SPECIFY: _____)
- ☐ WOUND (SITE: _____)
- ☐ BODY FLUID: (SPECIFY: _____)
- ☐ SLIDE/SMEAR (SITE: _____)
- ☐ OTHER (SPECIFY: _____)
- ☐ REFERENCE CULTURE (SITE: _____)

BACTERIOLOGY

- ☐ ANTHRAX
- ☐ BOTULISM: ☐ Infant ☐ Wound ☐ Adult
- ☐ BRUCELLOSIS
- ☐ CHOLERA
- ☐ DIPTHERIA
- ☐ ENTERIC CULTURE: Campylobacter, E. coli 0157, Salmonella, Shigella
- ☐ E. COLI 0157
- ☐ GONORRHEA
- ☐ HAEMOPHILUS
- ☐ LEGIONELLA
- ☐ LEPTOSPIRA
- ☐ LISTERIA
- ☐ MENINGOCOCCUS
- ☐ PERTUSSIS
- ☐ PLAGUE
- ☐ SALMONELLA TYPING
- ☐ SHIGELLA TYPING
- ☐ TULAREMIA
- ☐ OTHER: _____

MYCOBACTERIOLOGY

- ☐ ID (REFERRED CULTURE)
- ☐ SMEAR & CULTURE
- ☐ SUSCEPTIBILITY

MYCOLOGY

- ☐ CULTURE
- ☐ SMEAR
- ☐ ID REFERRED CULTURE

PARASITOLOGY

- ☐ INTESTINAL
- ☐ BLOOD
- ☐ PINWORM
- ☐ WORM ID
- ☐ ARTHROPOD ID
- ☐ OTHER: _____

VIRAL CULTURES

- ☐ VIRUS CULTURE
- ☐ REFERENCE VIRUS CULTURE
- ☐ CMV CULTURE
- ☐ HERPES CULTURE
- ☐ INFLUENZA CULTURE
- ☐ MISCELLANEOUS: PLEASE EXPLAIN: _____

CHLAMYDIA ANTIGEN

OTHER OR COMMENTS: _____

ORIGINAL TO STATE LABORATORY
CANARY TO SUBMITTER