



Bureau of Laboratory Services

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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

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
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: _____

<h3>VIROLOGY</h3> <input type="checkbox"/> CMV Culture <input type="checkbox"/> Enterovirus Culture <input type="checkbox"/> Herpes Culture <input type="checkbox"/> Influenza <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Reference Virus Culture <input type="checkbox"/> Respiratory Virus Culture <input type="checkbox"/> Other _____ <h3>SELECT AGENTS**</h3> <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"/> *SARS <input type="checkbox"/> * <i>Yersinia pestis</i> <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>	<h3>BACTERIOLOGY</h3> <input type="checkbox"/> * <i>Bordetella pertussis</i> <input type="checkbox"/> <i>Campylobacter</i> spp. <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 gonorrhoeae</i> <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"/> <i>Yersinia</i> (Non-pestis) Culture <input type="checkbox"/> Other: _____ <h3>PARASITOLOGY†</h3> <input type="checkbox"/> Arthropod ID <input type="checkbox"/> Blood/Tissue <input type="checkbox"/> Intestinal <input type="checkbox"/> Pinworm <input type="checkbox"/> Worm ID <h3>MYCOBACTERIOLOGY</h3> <input type="checkbox"/> Culture <input type="checkbox"/> ID (Referred Culture) <input type="checkbox"/> *Nucleic Acid Amplification <input type="checkbox"/> Smear <input type="checkbox"/> Susceptibility <small>† For malaria testing please collect patient travel history</small>	<h3>SEROLOGY</h3> <input type="checkbox"/> * <i>Borrelia burgdorferi</i> EIA (Lyme) <input type="checkbox"/> * <i>Brucella</i> Tube Ag. <input type="checkbox"/> Coccidioides Serology Panel <input type="checkbox"/> IDTP <input type="checkbox"/> IDCF <input type="checkbox"/> Dengue IgM EIA <input type="checkbox"/> Diagnostic Hepatitis Panel EIA <input type="checkbox"/> HBsAG <input type="checkbox"/> HBcIgM <input type="checkbox"/> HAV IgM <input type="checkbox"/> * <i>Francisella tularensis</i> Tube Ag. <input type="checkbox"/> *Hantavirus IgG EIA <input type="checkbox"/> *Hantavirus IgM EIA <input type="checkbox"/> Hepatitis Anti-HAV IgM <input type="checkbox"/> Hepatitis Anti-Core IgM <input type="checkbox"/> Hepatitis Anti-HCV <input type="checkbox"/> Hepatitis HBsAG <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"/> <i>Treponema pallidum</i> CSF VDRL <input type="checkbox"/> <i>Treponema pallidum</i> Serum TP-PA, RPR <input type="checkbox"/> Western Equine Encephalitis EIA <input type="checkbox"/> West Nile Virus EIA <input type="checkbox"/> * <i>Yersinia pestis</i> PHA <input type="checkbox"/> Other: _____
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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.