Arizona Department of Health Services

Bureau of State Laboratory Services
250 N 17th Ave
Phoenix, Arizona 85007 - 3231
602 - 542 - 1188
Victor Waddell, Ph.D. Bureau Chief

For Department Use Only

Patient Information

Last Name: First Name: MI:

DOB (MM/DD/YYYY): Age: Sex:

Patient ID:

Race:
- ☐ African American
- ☐ American Indian
- ☐ Asian
- ☐ White
- ☐ Other

Ethnicity: Hispanic ☐ Yes ☐ No

Submitting Agency Information

Agency Name: Agency ID Code:

Street Address:

City: State: Zip: County:

Contact Name: Phone:

Specimen Information and Type

Collection Date: _____

☐ Reference
☐ Clinical

- ☐ Acute Serum
- ☐ Convalescent Serum
- ☐ Random Serum
- ☐ Plasma
- ☐ Whole Blood
- ☐ CSF
- ☐ Urine
- ☐ Sputum
- ☐ Stool
- ☐ Swab Site: _____
- ☐ Tissue Specify: _____
- ☐ Wound Site: _____
- ☐ Body Fluid Specify: _____
- ☐ Other Specify: _____

Virology

- ☐ CMV Culture
- ☐ Enterovirus Culture
- ☐ Herpes Culture
- ☐ Influenza Culture
- ☐ *Norovirus PCR
- ☐ Reference Virus Culture
- ☐ Respiratory Virus Culture
- ☐ Other _____

Parasitology

- ☐ Arthropod ID
- ☐ Blood/Tissue
- ☐ Intestinal
- ☐ Pinworm
- ☐ Worm ID

Mycobacteriology

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

Mycology

- ☐ Culture
- ☐ ID (Referred Culture)
- ☐ Smear

Microbiology

- ☐ Anthrax
- ☐ Botulism
- ☐ *Brucella
- ☐ *C. diphtheriae
- ☐ Enteric Culture
- ☐ E. coli
- ☐ Gonorrhoea
- ☐ Haemophilus
- ☐ Legionella
- ☐ Leptospira
- ☐ Listeria
- ☐ Meningococcus
- ☐ Pertussis
- ☐ Pneumococcus
- ☐ Salmonella
- ☐ Shigella
- ☐ *Tularemia
- ☐ Yersinia
  - ☐ *pestis
  - ☐ Other
- ☐ Vibrio
  - ☐ cholera
  - ☐ Other
- ☐ Other _____

Serology

- ☐ Adenovirus CF
- ☐ *Brucella CF
- ☐ *Brucella Tube Agglutination
- ☐ Coccidioides CSF CF
- ☐ Coccidioides Serology Panel
  - IDTP
  - IDCF
- ☐ Western Equine Encephalitis
- ☐ St. Louis Encephalitis
- ☐ *Colorado Tick Fever CF
- ☐ *Dengue IgM EIA
- ☐ *Hantavirus IgG EIA
- ☐ *Hantavirus IgM EIA
- ☐ Hepatitis Anti-HAV IgM
- ☐ Hepatitis Anti-Core Ab
- ☐ Hepatitis Anti-Core IgM
- ☐ Hepatitis Anti-HBs
- ☐ Hepatitis Anti-HCV
- ☐ Hepatitis HBsAG
- ☐ HIV (Separate Form)
- ☐ Prenatal Hepatitis HBsAG
- ☐ Diagnostic Hepatitis Panel
  - HBs Ag
  - HBc IgM
  - HAV IgM
- ☐ Histoplasma CF
- ☐ Histoplasma Immunodiffusion
- ☐ LCM CF
- ☐ *Lyme EIA
- ☐ *Measles CF
- ☐ *Measles IgM EIA
- ☐ *Measles Immune Screen-IgG IFA
- ☐ *Mumps IgM IFA
- ☐ *Plague PHA
- ☐ *Rickettsial Panel
  - Rickettsial Spotted Fever Group
  - Rickettsial Typhus Fever Group
  - Rickettsial Q Fever
- ☐ Rubella Immune Screen IgG EIA
- ☐ *Rubella IgM EIA
- ☐ Syphilis CSF VDRL
- ☐ Syphilis FTA-ABS
- ☐ Syphilis Serum RPR
- ☐ Toxoplasma EIA
- ☐ *Tularemia TA
- ☐ Varicella-Zoster CF
- ☐ Varicella-Zoster Immune Screen-IgG IFA
- ☐ West Nile Virus EIA
- ☐ Other _____

***Prior notification required for:**
Brucella, Dengue, C. diphtheriae, Colorado Tick Fever, Hantavirus, Lyme, Measles, Mumps, Mycobacteria NAA, Norovirus PCR, Plague, Rickettsia, Rubella, or Tularemia testing.

Comments: _____

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

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