



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; **at least one test must be selected.**

**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/CRPA (include AST results)
- Enteric culture
- Shiga-toxin
- Haemophilus influenzae*
- Legionella* spp.
- Leptospira* spp.
- Listeria* spp.
- Neisseria meningitidis*
- Salmonella* spp.
- Shigella* spp. (serogrouping only)
- Vibrio*
- VISA/VRSA
- Yersinia* spp.
- CIDT Organism Recovery
  - Organism ID: \_\_\_\_\_
- Other: \_\_\_\_\_

**Parasitology<sup>±</sup>:**

- 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