STATE OF MICHIGAN - LABORATORY TEST REQUISITION

Microbiology / Virology

DATE RECEIVED IN LABORATORY	LABORATORY SAMPLE NUMBER

Michigan Department of Health and Human Services - Bureau of Laboratories

P.O. Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing, MI 48909

Laboratory Records: 517-335-8059 Technical Information: 517-335-8067

Fax: 517-335-9871 Web: www.michigan.gov/mdhhslab

SUBMITTER INFORMATION

SUBMITTER INFORMATION (PRINTED, TYPED OR STAMPED)

☐ FP

☐ STD

AGENCY CODE (If Known)

TELEPHONE

FAX

CONTACT PERSON/ORDERING PHYSICIAN/PROVIDER NAME

NATIONAL PROVIDER IDENTIFIER #

PATIENT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL) or UNIQUE IDENTIFIER

SUBMITTER PATIENT # (If Applicable)

CITY

ZIP

GENDER ☐ MALE ☐ FEMALE

RACE ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other

ETHNICITY ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

ADAP NUMBER

BIRTH DATE (MM-DD-YYYY)

SUBMITTER SPECIMEN #

COLLECTION DATE (MM-DD-YY)

COLLECTION TIME (MILITARY)

INDICATE TEST REQUESTED

INSTRUCTIONS FOR COMPLETION: Complete reverse side of form for corresponding numbers in parentheses and in bold.

INDICATE SPECIMEN SOURCE

- ☐ AMNIOTIC FLUID
- ☐ BRONCHIAL
- ☐ CERVIX
- ☐ CSF
- ☐ GASTRIC
- ☐ NASOPHARYNGEAL
- ☐ ORAL MUCOSAL TRANSUDATE
- ☐ PLASMA
- ☐ SERUM
- ☐ STOOL
- ☐ SPUTUM
- ☐ THROAT
- ☐ URETHRA
- ☐ URINE
- ☐ WHOLE BLOOD
- ☐ FOOD-Specify:
- ☐ OTHER-Specify:

HIV TESTING

- ☐ HIV Ag/Ab - Serum **(1)**
- ☐ HIV Ag/Ab-Oral Mucosal Transudate **(1)**
- ☐ CD4/CD8 (EDTA whole blood) **(1)**
- ☐ HIV-1 VIRAL LOAD (EDTA plasma) **(1)**
- ☐ HIV-1 GENOTYPING (EDTA plasma) **(1)**

SEROLOGY

SERUM STATUS - If Applicable

- ☐ ACUTE ☐ CONVALESCENT
- ☐ ARBOVIRUS ENCEP PANEL (IgM)

May-Oct Includes: Eastern Equine, California, St. Louis and West Nile CSF Only

- ☐ *BRUCELLA* SEROLOGY
- ☐ FUNGAL SEROLOGY COMPLEMENT FIX
- ☐ FUNGAL IMMUNODIFFUSION
- ☐ *FRANCISELLA* SEROLOGY
- ☐ *LEGIONELLA* - HA
- ☐ LYME DISEASE - EIA **(4)**
- ☐ MEASLES IgG
- ☐ MUMPS IgG
- ☐ RABIES AB SEROLOGY **(3)**
- ☐ RUBELLA IgG
- ☐ TETANUS TOXIN EIA
- ☐ VARICELLA ZOSTER IgG

SYPHILIS TESTING

- ☐ SYPHILIS (USR Test) **(1)**
- ☐ SYPHILIS VDRL - CSF Only **(1)**
- ☐ SYPHILIS DFA **(1,2)**
- ☐ SYPHILIS FTA - ABS DS* **(1)**
- ☐ SYPHILIS TP-PA* **(1)**
- ☐ SYPHILIS IgM WESTERN BLOT* **(1)**

* **Prior Approval Required**

MICROBIOLOGY

- ☐ AEROBIC ISOLATE ID **(5)**
- ☐ AFB SLIDE/CULTURE-CLINICAL SPECIMEN
- ☐ AFB IDENTIFICATION-ISOLATE ID
- ☐ *E. COLI* (SLT) TOXIN & SEROLOGY
- ☐ ENTERIC BACTERIAL CULTURE
- ☐ FOODBORNE ILLNESS-Stool or Food **(6)**
- ☐ FUNGAL IDENTIFICATION - ISOLATE ID
- ☐ *LEGIONELLA* CULTURE
- ☐ *NEISSERIA GONORRHOEAE* - ISOLATION
- ☐ *NEISSERIA* - REFERRED CULTURE
- ☐ PARASITOLOGY - BLOOD
- ☐ PARASITOLOGY - STOOL
- ☐ PARASITOLOGY - WORM
- ☐ *PERTUSSIS* PCR
- ☐ *SALMONELLA* SEROTYPING - HUMAN
- ☐ *SHIGELLA* SEROTYPING

VIROLOGY

- ☐ ENTEROVIRUS PCR **(6)**
- ☐ RESPIRATORY PCR PANEL
- ☐ INFLUENZA (PCR/CULTURE) **(7)**
- ☐ VIRAL CULTURE

TESTS THAT REQUIRE MDHHS APPROVAL

EMERGING ARBOVIRUS PANEL

- ☐ PCR ☐ SEROLOGY
- ☐ AFB NUCLEIC ACID AMPLIFICATION
- ☐ BACTERIAL TYPING-PFGE **(6)**
- ☐ BOTULISM TOXIN
- ☐ MUMPS - PCR
- ☐ MEASLES IgM
- ☐ NOROVIRUS PCR **(6)**
- ☐ *PERTUSSIS* CULTURE
- ☐ RUBELLA IgM **(1)**
- ☐ *SALMONELLA* SEROTYPING NON-HUMAN
- ☐ TOXIC SHOCK TESTING
- ☐ OTHER _____

OTHER

- ☐ AUTOCLAVE TEST STRIPS
- ☐ *LEGIONELLA* - DFA
- ☐ LYME DISEASE - DFA (Tick)

HEPATITIS TESTING

- ☐ HEPATITIS C ANTIBODY **(1)**
- ☐ HEPATITIS B SURFACE ANTIGEN (HBsAg) **(1)**
- ☐ HEPATITIS B ANTIBODY (Anti-HBsAg) **(1)**
- ☐ HEPATITIS A ANTIBODY (IgM) **(1)**

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INDICATE TEST REASON

☐ Diagnosis ☐ Surveillance ☐ Outbreak **(Complete Section 6)** ☐ Other (Specify) _____

(1) COMPLETE THIS SECTION FOR: HIV, SYPHILIS, HEPATITIS, RUBELLA IgM REQUESTS

PREGNANT?

☐ YES ☐ NO

FOR HEPATITIS B SURFACE ANTIGEN (HBsAg) ONLY

☐ Exposure to someone with Hepatitis B?

(2) COMPLETE THIS SECTION FOR: SYPHILIS DFA REQUESTS

DURATION OF LESION

☐☐ ☐ Days ☐ Months ☐ Years

SPECIFIC SITE: _____

(3) COMPLETE THIS SECTION FOR: RABIES ANTIBODY SEROLOGY REQUESTS

DATE OF LAST RABIES VACCINATION **DATE (MM-DD-YY)** ☐☐☐☐☐☐

(4) COMPLETE THIS SECTION FOR: LYME BORRELIOSIS REQUESTS

ONSET DATE (MM-DD-YY) ☐☐☐☐☐☐

State/County/Country of Exposure: _____

EARLY DISEASE

☐ Erythema Migrans (5 cm at least in diameter) ☐ Symptoms (Example- Rash, Fever, Headache, Joint Pain)

LATE DISEASE

☐ Neurologic ☐ Cardiologic ☐ Rheumatologic

(5) COMPLETE THIS SECTION FOR: AEROBIC CULTURE REQUESTS

☐ Aerobe ☐ Microaerophile

GRAM

☐ Positive ☐ Negative ☐ Variable ☐ Rod ☐ Coccus ☐ Diplococcus

BACTERIAL GROWTH CHARACTERISTICS:

MacConkey ☐ Positive ☐ Negative

Oxidase ☐ Positive ☐ Negative

Catalase ☐ Positive ☐ Negative

Dextrose ☐ Oxidation ☐ Fermentation

OTHER: _____

(6) COMPLETE THIS SECTION FOR: OUTBREAK INVESTIGATION

ONSET DATE (MM-DD-YY) ☐☐☐☐☐☐

OUTBREAK IDENTIFIER _____

ORGANISM SUSPECTED (If Applicable) _____

MDHHS PRIOR APPROVAL: Name, Date _____

(7) COMPLETE THIS SECTION FOR: INFLUENZA TESTING (PCR / CULTURE) REQUESTS

LAST INFLUENZA VACCINATION: **DATE (MM-DD-YY)** ☐☐☐☐☐☐

TYPE ☐ Flu Mist ☐ Trivalent (Shot) ☐ Other _____

(8) ADDITIONAL INFORMATION