

One lab slip **MUST** be completed for each sample submitted.

STATE LAB
Use Only

Laboratories Administration MD DHMH
1770 Ashland Ave. • Baltimore, MD 21205
443-681-3800 <http://dhmh.maryland.gov/laboratories/>
Robert A. Myers, Ph.D., Director
INFECTIOUS AGENTS: CULTURE/DETECTION



Complete submitter and patient information sections including sex, ethnicity and race.

Fill in TRAB box or include TRAB name on your label or stamp.

Collect date must be completed

Use only these codes for specimen source. Write specimen source code next to the test requested. (CX, R, URE, or UFV)

TYPE OR PRINT REQUIRED INFORMATION
PLACE LABELS ON ALL THREE COPIES

EH FP MTY/PN NOD STD TB CD COR Patient SS# (last 4 digits): _____

Health Care Provider: _____ Last Name: _____ SR JR Other _____

Address: _____ First Name: _____ M.I.: _____

City: _____ County: _____ Date of Birth (mm/dd/yyyy): ____/____/____

State: _____ Zip Code: _____ Address: _____

Contact Name: _____ City: _____ County: _____

Phone#: _____ Fax#: _____ State: _____ Zip Code: _____

Test Request Authorized by: _____

Sex: Male Female Transgender M to F Transgender F to M Ethnicity: Hispanic or Latino Origin? yes no

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/other Pacific Islander White

MRN/Case #: _____ DOC #: _____ Outbreak #: _____ Submitter Lab #: _____

Date Collected: _____ Time Collected: _____ am pm Onset Date: _____

Reason for Test: Screening Diagnosis Contact Test of Cure 2-3 Months Post Rx Suspected Carrier Isolate for ID Release

Therapy/Drug Treatment: No Yes Therapy/Drug Type: _____ Therapy/Drug Date: _____

* SPECIMEN SOURCE CODE	* SPECIMEN SOURCE CODE	* SPECIMEN SOURCE CODE
BACTERIOLOGY	MYCOBACTERIOLOGY/AFB/TB	SPECIAL BACTERIOLOGY
Bacterial Culture - Routine	AFB/TB Culture and Smear	Legionella Culture
Additional specimen codes: _____	AFB/TB Referred isolate for ID	Leptospira
<i>Bordetella pertussis</i>	<i>M. tuberculosis</i> Referred Culture for Genotyping	Mycoplasma (Outbreak Investigation Only)
Group A Strep	Nucleic Acid Amplification Test for	RESTRICTED TESTS Pre-approved submitters only
Group B Strep Screen	<i>M. tuberculosis</i> Complex (GeneXpert)	<i>Chlamydia trachomatis</i> /GC NAAT
<i>C. difficile</i> Toxin	PARASITOLOGY	Norovirus ** (see comment on back)
Diphtheria	Blood Parasites: _____	QuantiFERON
Foodborne Pathogens (<i>B. cereus</i> , <i>C. perfringens</i> , <i>S. aureus</i>)	Country visited outside US: _____	OTHER TESTS FOR INFECTIOUS AGENTS
Gonorrhea Culture: Incubated? <input type="checkbox"/> yes <input type="checkbox"/> no	Ova & Parasites: Immigrant? <input type="checkbox"/> yes <input type="checkbox"/> no	Test name: _____
Hrs. incubated: ____ Add'l specimen codes: _____	Cryptosporidium	Prior arrangements have been made with the following DHMH Laboratories Administration employee: _____
MRSA (rule out)	Cyclospora/Isospora	
VRE (rule out)	Microsporidium	
ENTERIC INFECTIONS	Pinworm	
Campylobacter	VIRUS ISOLATION/CHLAMYDIA	SPECIMEN SOURCE CODE: PLACE CODE IN BOX NEXT TO TEST
<i>E. coli</i> 0157 typing/Shiga toxins	Adenovirus*	B Blood
Enteric Culture - Routine (Salmonella, Shigella, <i>E. coli</i> 0157, Campylobacter)	<i>Chlamydia trachomatis</i> culture	BW Bronchial Washing
Salmonella typing	Cytomegalovirus (CMV)	CSF Cerebrospinal Fluid
Shigella typing	Enterovirus (Inc. Echo & Coxsackie)	CX Cervix/Endocervix
Vibrio	Herpes Simplex Virus (Types 1 & 2)	E Eye
Yersinia	Influenza (Types A & B)* Rapid Flu Test: Type _____	F Feces
REFERENCE MICROBIOLOGY	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	N Nasopharynx/Nasal
ABC'S (BIDS) # _____	Patient admitted to hospital? <input type="checkbox"/> yes <input type="checkbox"/> no	P Penis
Organism: _____	Parainfluenza (Types 1, 2, & 3)*	R Rectum
Bacteria Referred Culture for ID	Respiratory Syncytial Virus (RSV)*	SP Sputum
	Varicella (VZV)	T Throat
		URE Urethra
		UFV Urine (First Void)
		UCC Urine (Clean Catch)
		V Vagina
		W Wound
		O Other:

SCREENING PANEL

Visit the lab website for updates:
dhmh.maryland.gov/laboratories/SitePages/Chlamydia.aspx

**2016
Chlamydia/GC
NAAT MOU and
Non-Sticker
Allocation**