

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.

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:	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:			

Collect date must be completed

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? ☐ yes ☐ no	Ova & Parasites: Immigrant? ☐ yes ☐ 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 RFLP Test	F Feces
REFERENCE MICROBIOLOGY	Type Result: ☐ Negative ☐ Positive	N Nasopharynx/Nasal
ABC'S (BIDS) #	Patient admitted to hospital? ☐ yes ☐ no	P Penis
Organism:	Parainfluenza (Types 1, 2, & 3)*	R Rectum
Bacteria Referred Culture for ID	Respiratory Syncytial Virus (RSV)*	SP Sputum
Specify:	Varicella (VZV)	T Throat
	* MAY INCLUDE RESPIRATORY SCREENING PANEL	U Urethra
		UFV Urine (First Void)
		UCC Urine (Clean Catch)
		V Vagina
		W Wound
		O Other:

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

Visit the lab website for updates:
<https://health.maryland.gov/laboratories/Pages/Chlamydia.aspx>

**2018
Chlamydia/GC
NAAT MOU and
Non-Sticker
Allocation**