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

MARYLAND
Department of Health
and Mental Hygiene

INFECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR 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

⬇ BACTERIOLOGY

- ☐ Bacterial Culture - Routine

Additional specimen codes: _____ _____

- ☐ *Bordetella pertussis*
- ☐ Group A Strep
- ☐ Group B Strep Screen
- ☐ *C. difficile* Toxin
- ☐ Diphtheria
- ☐ Foodborne Pathogens (*B. cereus, C. perfringens, S. aureus*)
- ☐ Gonorrhea Culture:Incubated? ☐ yes ☐ no

Hrs. incubated: ___ Add'l specimen codes: ___ ___

- ☐ MRSA (rule out)
- ☐ VRE (rule out)

ENTERIC INFECTIONS

- ☐ Campylobacter
- ☐ *E. coli* 0157 typing/Shiga toxins
- ☐ Enteric Culture - Routine (Salmonella, Shigella, *E. coli* 0157, Campylobacter)
- ☐ Salmonella typing
- ☐ Shigella typing
- ☐ *Vibrio*
- ☐ Yersinia

REFERENCE MICROBIOLOGY

- ☐ ABC'S (BIDS) #_____

Organism: _____

- ☐ Bacteria Referred Culture for ID

Specify: _____

⬇ SPECIMEN SOURCE CODE

⬇ MYCOBACTERIOLOGY/AFB/TB

- ☐ AFB/TB Culture and Smear
- ☐ AFB/TB Referred isolate for ID
- ☐ *M. tuberculosis* Referred Culture for Genotyping
- ☐ Nucleic Acid Amplification Test for *M. tuberculosis* Complex (GeneXpert)

PARASITOLOGY

- ☐ Blood Parasites: _____

Country visited outside US: _____

- ☐ Ova & Parasites: Immigrant? ☐yes ☐no
- ☐ Cryptosporidum
- ☐ Cyclospora/Isospora
- ☐ Microsporidium
- ☐ Pinworm

VIRUS ISOLATION/CHLAMYDIA

- ☐ Adenovirus*
- ☐ *Chlamydia trachomatis* culture
- ☐ Cytomegalovirus (CMV)
- ☐ Enterovirus (Inc. Echo & Coxsackie)
- ☐ Herpes Simplex Virus (Types 1 & 2)
- ☐ Influenza (Types A & B)* Rapid Flu Test:

Type _____

Result: ☐ Negative ☐ Positive

Patient admitted to hospital? ☐ yes ☐ no

- ☐ Parainfluenza (Types 1, 2, & 3)*
- ☐ Respiratory Syncytial Virus (RSV)*
- ☐ Varicella (VZV)

*** MAY INCLUDE RESPIRATORY SCREENING PANEL***

Comments:

⬇ SPECIMEN SOURCE CODE

⬇ SPECIAL BACTERIOLOGY

- ☐ Legionella Culture
- ☐ Leptospira
- ☐ Mycoplasma (Outbreak Investigation Only)

RESTRICTED TESTS
Pre-approved submitters only

- ☐ *Chlamydia trachomatis*/GC NAAT
- ☐ Norovirus ** (see comment on back)
- ☐ QuantiFERON

OTHER TESTS FOR INFECTIOUS AGENTS

- ☐ Test name: _____

Prior arrangements have been made with the following DHMH Laboratories Administration employee:

_____

SPECIMEN SOURCE CODE:
PLACE CODE IN BOX NEXT TO TEST

B	Blood
BW	Bronchial Washing
CSF	Cerebrospinal Fluid
CX	Cervix/Endocervix
E	Eye
F	Feces
N	Nasopharynx/Nasal
P	Penis
R	Rectum
SP	Sputum
T	Throat
URE	Urethra
UFV	Urine (First Void)
UCC	Urine (Clean Catch)
V	Vagina
W	Wound
O	Other:

_____

DHMH 4676 Revised 08/15

Original