STATE LAB
Use Only

Laboratories Administration MDH
1770 Ashland Ave • Baltimore, MD 21205
443-681-3800 http://health.maryland.gov/laboratories/
Robert A. Myers, Ph.D., Director

MARYLAND Department of Health

INFECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON BOTH COPIES

☐ EH ☐ FP ☐ MTY/PN ☐ NOD ☐ STD ☐ TB ☐ CD ☐ COR

Health Care Provider REQUIRED

Address

City County

State Zip Code

Contact Name:

Phone # Fax #

Test Request Authorized by: REQUIRED

Patient SS # (last 4 digits):

Last Name REQUIRED ☐ SR ☐ JR ☐ Other:

First Name M.I.

Date of Birth (mm/dd/yyyy) / /

Address

City County

State Zip Code

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: REQUIRED Time Collected: ☐ a.m. ☐ p.m. 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: ____/____/____

BACTERIOLOGY

SPECIMEN SOURCE CODE

- ☐ Bacterial Culture - Routine
  Add'l 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
  Hours Incubated: _____
  Add'l specimen Codes: _____ _____ _____
- ☐ MRSA (*rule out*)
- ☐ VRE (*rule out*)

ENTERIC INFECTIONS

- ☐ Campylobacter
- ☐ *E. coli* O157 typing/Shiga toxins
- ☐ Enteric Culture - Routine
  (*Salmonella, Shigella, E. coli O157, Campylobacter*)
- ☐ Salmonella typing
- ☐ Shigella typing
- ☐ *Vibrio*
- ☐ Yersinia

REFERENCE MICROBIOLOGY

- ☐ ABC's (*BIDS*) # _____
  Organism: _____
- ☐ Bacteria Referred Culture for ID
  Specify: _____

MYCOBACTERIOLOGY/AFB/TB

SPECIMEN SOURCE CODE

- ☐ AFB/TB Culture and Smear
- ☐ AFB/TB Referred Isolate for ID
- ☐ *M. tuberculosis* referred Isolate for genotyping
- ☐ Nuclear Acid Amplification Test for *M. tuberculosis* Complex (*GeneXpert*)

PARASITOLOGY

- ☐ Blood Parasites:_____
  Country visited outside US:
- ☐ Ova & Parasites
  Immigrant? ☐ Yes ☐ No
- ☐ Cryptosporidium
- ☐ Cyclospora/Isospora
- ☐ Microsporidium
- ☐ Pinworm

VIRUS/CHLAMYDIA

- ☐ Adenovirus*
- ☐ *Chlamydia trachomatis* culture
- ☐ Cytomegalovirus (*CMV*)
- ☐ Enterovirus (*Includes 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:

SPECIAL BACTERIOLOGY

SPECIMEN SOURCE CODE

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

RESTRICTED TESTS

Pre-approved submitters only

- ☐ *Chlamydia trachomatis*/GC NAAT
- ☐ **Norovirus (*See comment on reverse*)
- ☐ QuantiFERON
  Incubation: Time began: _____a.m./p.m.
  Time ended: _____a.m./p.m.

OTHER TESTS FOR INFECTIOUS AGENTS

- ☐ Test Name: _____

Prior arrangements have been made with the following MDH Labs Administration employee:

_____

SPECIMEN SOURCE CODES REQUIRED

PLACE CODE IN BOX NEXT TO TEST

B	Blood	SP	Sputum
BW	Bronchial Washing	T	Throat
CSF	Cerebrospinal Fluid	URE	Urethra
CX	Cervix/Endocervix	UFV	Urine (1st Void)
E	Eye	UCC	Urine (Clean Catch)
F	Feces	V	Vagina
N	Nasopharynx/Nasal	W	Wound
P	Penis	O	Other: _____
R	Rectum		