

laboratories Administration MD DHMH
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John M. DeBoy, Dr. P. H., Director

STATE LAB
Use Only

INFECTIOUS AGENTS: CULTURE/DETECTION

<input type="checkbox"/> DEH <input type="checkbox"/> DIP <input type="checkbox"/> DMY <input type="checkbox"/> PPN <input type="checkbox"/> ONOD <input type="checkbox"/> OSTD <input type="checkbox"/> OTB <input type="checkbox"/> OGD <input type="checkbox"/> DCOB	Patient SSN (last 4 digits) Last Name First Name Date of Birth (mm-dd-yyyy) Address City State Zip	<input type="checkbox"/> DSA <input type="checkbox"/> DJR <input type="checkbox"/> Other Address City State Zip
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Must be completed

Must be completed

Fill-in race, ethnicity and gender

Collect Date must be completed.

Collect Date: Outbreak #: Submitter Lab #:
 Contact: Test (Phone) 2 Months Post Rx Suspected Carrier Isolate for ID Release

- BACTERIOLOGY/MYCOLOGY**
- Bacterial Culture - Routine
 - Additional specimen codes
 - Bacteroides pertussis*
 - Group A Strept
 - Group B Strept. Screen
 - C. difficile* Toxin
 - Diphtheria
 - Foodborne Pathogens (if needed)
 - C. perfringens*, *S. aureus*
 - Fungus Culture
 - Fungus Special
 - Gram Stain Culture (Qualitative) (Types 1-4)
 - Incubated: Add specimen codes
 - MRSA (rate only)
 - VRE (rate only)

- ENTERIC INFECTIONS**
- Campylobacter
 - E. coli* O157 typing
 - Enteric Culture - Routine (Salmonella, Shigella, *E. coli* O157, Campylobacter)
 - Salmonella typing
 - Shigella typing
 - V. parahaemolyticus*
 - Yersinia

- REFERENCE MICROBIOLOGY**
- ABC'S (BIDS) #
 - Organism
 - Aerobic Actinomyces for ID
 - Bacteria Referred Culture for ID
 - Specify:
 - Mold for ID
 - Yeast for ID

- SPECIAL BACTERIOLOGY**
- Legionella Culture
 - Leptospira
 - Mycoplasma
 - MYCOBACTERIOLOGY/AFB/TB**
 - AFB/TB Culture and Smear
 - AFB/TB Referred Culture for ID
 - AFB/TB Referred Culture Sensitization
 - M. tuberculosis* Referred Culture for Genotyping
 - Nucleic Acid Amplification Test for *M. tuberculosis* Complex (MTD)

- PARASITOLOGY**
- Blood Parasites
 - Country visited outside US
 - Ova & Parasites/Immigrant (Flyrodent)
 - Cryptosporidium
 - Cyclospora/Isospora
 - Microsporidium
 - Pinworm

- VIRUS/CHLAMYDIA**
- Adenovirus*
 - Arbovirus Panel (WNV, EEEV, SLEV)
 - Chlamydia trachomatis*
 - Cytomegalovirus (CMV)
 - Enterovirus (inc. Echo & Coxsackie)
 - Herpes Simplex Virus (Types 1 & 2)
 - Influenza (Types A & B)
 - Parainfluenza (Types 1, 2 & 3)
 - Respiratory Syncytial Virus (RSV)*
 - Vaccinia (VZV)

*MAY INCLUDE RESPIRATORY SCREENING PANEL

- RESTRICTED TESTS**
 (Pre-approved submitters only)
UR of CX or URE
 (Pre-approved submitters only)
 (See comment on back)
- OTHER TESTS FOR INFECTIOUS AGENTS**
- Test name
- For arrangements have been made with the following DHMH Laboratories Administration employee

- SPECIMEN 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
 - UR Urine
 - V Vagina
 - W Wound
 - O Other

