Complete a separate form for each test requested

Effective 7/1/2013

### HEALTH CARE PROVIDER INFORMATION

<table>
<thead>
<tr>
<th>Submitter Code</th>
<th>Patient ID Number</th>
<th>PATIENT NAME (Last)</th>
<th>First</th>
<th>MI</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
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### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>County of Residence</th>
<th>DOB</th>
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<td><em>/<strong>/</strong></em></td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Home Phone:</th>
<th>Work Phone:</th>
<th>Cell Phone:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<thead>
<tr>
<th>Phone Number</th>
<th>Parent / Guardian (if applicable)</th>
<th>Relationship</th>
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<tbody>
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</table>

### Fax Number

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>Sex</th>
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</tbody>
</table>

- American Indian/Alaska Native
- Asian
- Black/African-American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Multi Racial

- Hispanic or Latino
- Non-Hispanic or Latino
- Male
- Female

- Pregnant?  
  - Yes
  - No
  - N/A

### SELF PAY (SUBMITTER WILL BE INVOICED)

### APPROVAL CODE: - - -

(Submitter will be billed if a valid code is not provided)

### INSURANCE INFORMATION – COPY OF PATIENT’S INSURANCE ELIGIBILITY DOCUMENT MUST BE SUBMITTED WITH THIS FORM

<table>
<thead>
<tr>
<th>ACCEPTED INSURANCE</th>
<th>ID Number</th>
<th>Plan Name</th>
<th>Group Number</th>
<th>Policy Holder’s Name (Last, First, M)</th>
<th>Policy Holder’s DOB</th>
<th>Policy Holder’s Mailing Address</th>
<th>Patient’s Relationship to Policy Holder</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### FOR FUTURE USE

- ICD 9 Diagnosis Codes
- Sequence Code 1
- Sequence Code 2
- Sequence Code 3

### SPECIMEN INFORMATION

- All tests are performed at the Decatur Laboratory unless specified.

### BLOOD LEAD

(Waycross Only)

- W4050 Waycross

### COLLECTION METHOD

- Capillary
- Venus

### CHEMICAL THREAT

(Decatur only)

- Consultation with GPHL Emergency Response Coordinator required.

- 24/7 contact number 404-655-3695
- 866-782-4584

- CT011000 Rapid Toxic Screen (RTS) (Performed at the CDC)
- CT012000 Cadmium, mercury and lead (blood)
- CT012100 Toxic Elements Screen (TES) (urine)
- (As, Ba, Be, Cd, Pb, Tl, U)
- CT012600 Mercury (urine)
- CT011100 Cyanide (blood)
- CT011200 Volatile Organic Compounds (VOC) (blood)
- CT011300 Tetramine (urine)
- CT013100 Organophosphate Nerve Agent metabolites (OPNA) (urine)
- CT031200 Metabolic Toxins Panel (MTP) (urine)
- CT031300 Abrine and Ricinine (ABRC) (urine)
- CT031400 Measles (RT-PCR)
- CT031500 Norovirus (rRT-PCR)
- CT031600 Mumps (RT-PCR)

### MOLECULAR BIOLOGY

(Decatur only)

- Consultation with district epidemiologist required.

- BT agent rule out (RT-PCR)
- 8TC01005 Bacillus anthracis
- 8TC02000 Brucella spp.
- 8TC03005 B. mallei/pseudomallei
- 8TC04005 Francisella tularensis
- 8TC06005 Yersinia pestis
- 8TC90000 BT send out CDC
- 414000 Bordetella pertussis (RT-PCR)
- 400500 Influenza panel (rRT-PCR)
- 415000 Measles (RT-PCR)
- 418000 Norovirus (rRT-PCR)
- 8TC00500 Rash Illness Panel (RT-PCR)
- 421000 VZV (RT-PCR)
- 499100 Refer to CDC

A correlating list of tests and prices is located at [http://health.state.ga.us](http://health.state.ga.us)
### BACTERIOLOGY

- **Enteric isolates**
  - 1100 Campylobacter
  - 1070 STEC
  - 1110 Salmonella
  - 1080 Shigella
  - 1160 Yersinia
- **Stool Culture - Preserved** *(Paraz-Pak C&S, Room Temp)*
  - 1120 Stool Culture - Fresh *(Refrigerated)*
  - 1140 Stool Culture - Fresh *(Refrigerated)*
  - 1130 Special Bacteriology
    - Neisseria meningitidis
    - Haemophilus influenzae
    - Listeria monocytogenes
    - Vibrio sp.
    - Other - Suspected agent
- **Nucleic Acid Amplification Test (Chlamydia/Gonorrhea)**
- 1060 Decatur  W1000 Waycross
- 1135 Forward to CDC *(Please specify)*
  - C. botulinum 1
  - Other

### IMMUNOLOGY

- **Routine Syphilis** *(Choose nearest location)*
  - 1350 HIV Ag/Ab Combo
  - 1360 HIV-1 Ab WB
  - 1340 HIV-1 Viral Load
- **Hepatitis Testing**
  - 1411 Hep B *(Prenatal)*
  - 1410 Hep B *(Routine Screen)*
  - 1400 Anti-HAV Total Antibody
  - 1405 Anti-HAV-igM
  - 1480 Anti-HCV
  - 1490 HCV Viral Load
- **Miscellaneous Serology**
  - 1530 Toxoplasmosis IgG
  - 1535 Toxoplasmosis IgM
  - 1510 Rubella IgG
  - 1515 Rubella IgM
  - 1545 CMV IgG
  - 1550 CMV IgM
  - 1560 HSV1
  - 1565 HSV2
  - 1520 Rubella IgG
  - 1525 Rubella IgM
  - 1555 Mumps
  - 1540 Varicella Zoster
  - 14001 Torch Panel *(CMV, HSV1, HSV2, Rubella, and Toxoplasmosis)*
- 1570 Forward to CDC

### MYCOBACTERIOLOGY

- **Known TB Patient?**
  - Yes, current
  - Yes, former
  - No
- **Clinical Specimens**
  - 30100 Microscopic exam for AFB only
  - 30000 Smear, culture & susceptibility testing *(Sensitivity Performed on MTB only)*
  - 30800 Nucleic Acid Amplification Testing (NAAT).
  - This test is intended for use only with specimens from newly infected patients showing signs and symptoms of active pulmonary tuberculosis.
- **AFB isolates**
  - 34000 Identification
  - 33950 Susceptibility testing *(MTB only)*
  - 30750 Genotyping only

### VIROLOGY

- **HIV**
  - CTS#
  - 1350 HIV Ag/Ab Combo
  - 1360 HIV-1 Ab WB
  - 1340 HIV-1 Viral Load
- **VIRAL CULTURE**
  - 62050 CMV Culture/IFA
  - 62040 Measles Culture/IFA
  - 60000 Mumps Culture/IFA
  - 1385 Enterovirus Culture / IFA
  - 1330 Herpes Culture / ELVIS
  - 62000 VZV Culture / IFA
  - 6100 Respiratory Culture / IFA
  - 1375 Influenza Culture / IFA
  - 60040 Viral Culture / Identification *(Please specify)*
- **Gastrointestinal Outbreak Investigation**
  - 60030 Rotavirus BA
  - Other

### RABIES

- **Known Rabies Virus**
  - 1300 Decatur  W6000 Waycross
  - 1305 BITE NUMBER *(EPI)*
  - 1385 Forward to CDC *(Please specify)*
- **Classification/Species of Animal**
  - Bat
  - Cat
  - Dog “Breed”
  - Fox
  - Skunk
  - Raccoon
  - Other
  - Pet
  - Wild
  - Stray
- **COUNTY OF ANIMAL**
  - Date killed
  - Reason for testing *(mandatory, check all that apply)*
  - Human exposure
  - Bite
  - Contact saliva
  - Scratch
  - Domestic animal exposure
  - Bite
  - Contact saliva
  - Scratch
  - Epidemiological Reasons
  - Other

### PARASITOLOGY

- **Cryptosporidium**  2400 Decatur  W5010 Waycross
- **Cyclospora**  2500 Decatur  W5010 Waycross
- **Formalin Feces**  2100 Decatur  W5000 Waycross
- **PVA Feces**  2300 Decatur  W5020 Waycross
- **Pinworm slide**  2200 Decatur  W5030 Waycross
- 2150 PCR
- 2710 Tissue/tissue smear for parasites
  - 2700 Whole blood/blood smear for parasites - Malaria
  - 2710 Whole blood/blood smear for parasites - Filaria
- 2800 Wound identification
- 2800 Miscellaneous identification

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