Georgia Department of Human Resources
Public Health Laboratory
Microbial Immunology Submission Form

SUBMITTER INFORMATION

SUBMITTER CODE: ☐☐☐-☐☐☐

NAME AND ADDRESS:

_____

_____

_____

_____
ZIP Code + 4

PHONE NUMBER: _____

CONTACT PERSON:

PATIENT INFORMATION

PLEASE PRINT INFORMATION LEGIBLY

PATIENT #: _____

NAME: _____
Last First Middle Initial

STREET: _____

CITY: _____ STATE: ___ ZIP Code: _____+_____

COUNTY: _____ Date of BIRTH: ____/____/____

RACE	ETHNICITY	SEX
☐ Black/African American	☐ Hispanic	☐ Male
☐ White	☐ Non-Hispanic	☐ Female
☐ Am. Indian/Alaska Native	☐ Undetermined	☐ Undetermined
☐ Asian/Pacific Islander		
☐ Multi-Racial		
☐ Undetermined		

SPECIMEN INFORMATION

DATE COLLECTED: _____/_____/_____

Type of specimen: ☐ Acute serum ☐ Convalescent serum ☐ Spinal fluid ☐ Serum/Blood

Reason for testing: ☐ Diagnosis ☐ Contact to STD ☐ Medical/Legal ☐ Repeat testing

Please complete: Pregnant: ☐ Yes ☐ No ☐ Unknown Prenatal (Hepatitis B) EDC Date: _____/_____/_____

Date of onset of illness: _____/_____/_____

Please check the appropriate box(es) for test(s) requested

***(Not available @ Albany or Waycross Regional Labs)**

**Arbovirus/WNV panel*

- ☐ Arbo IgG & IgM panel
- ☐ WNV IgG&IgM
- ☐ WNV IgM (CSF)

Routine Syphilis

- ☐ Routine RPR
- ☐ VDRL(spinal fluid)

** Hepatitis Testing*

- ☐ Hep B (Prenatal)
- ☐ Hep B (Routine Screen)
- ☐ Anti-HAV-total antibody
- ☐ Anti-HAV-IgM

SARS

- ☐ SARS–CoV Serology

** Miscellaneous Serology*

- ☐ CMV- IgG
- ☐ CMV-IgM
- ☐ EBNA (IgG)
- ☐ EBV-VCA(IgG
- ☐ EBV-VCA(IgM)
- ☐ HSV1/HSV-2
- ☐ Mumps-IgG
- ☐ Murine Typhus
- ☐ Mycoplasma-IgG
- ☐ Parvovirus-IgG
- ☐ Parvovirus-IgM
- ☐ Rocky Mountain
- ☐ Spotted Fever
- ☐ Rubella-IgG
- ☐ Rubella-IgM
- ☐ Rubeola-IgG
- ☐ Rubeola-IgM
- ☐ TORCH panel **
- ☐ Toxoplasmosis-IgG
- ☐ Toxoplasmosis-IgM
- ☐ Varicella Zoster-IgG

Special RPR testing request: ☐ Quantitative(Titer) and Confirmatory even if screening test (RPR) negative
☐ No Confirmatory Test needed even if screening test (RPR) is positive
☐ Quantitative (Titer) RPR

****TORCH panel includes Toxoplasmosis, Rubella, CMV, HSV 1/2**

Note: Please submit a separate specimen for each Group

Special test requests _____

List test for CDC referrals_____