GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM
(Do Not Use for Newborn Screening Tests)

DPH Georgia Department of Public Health

Laboratory use only

Complete a separate form for each test requested

HEALTH CARE PROVIDER INFORMATION

Submitter Code

Submitter Name

Street Address

City	State	Zip

Phone Number

Fax Number

Contact Name

PATIENT INFORMATION

Patient ID Number	PATIENT NAME (Last)	First	MI	Suffix

County of Residence	DOB ___/___/_____

Home Phone:	Work Phone:	Cell Phone:

Address	City,	State	Zip

Parent / Guardian (if applicable)	Relationship

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

ETHNICITY
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

Sex
- ☐ Male
- ☐ Female

Pregnant?
☐Yes   ☐No   ☐N/A

Travel in the past month? ☐ Yes ☐ No   **Travel Dates?** _____
Where? _____

☐ **SELF PAY** (SUBMITTER WILL BE INVOICED)   ☐**APPROVAL CODE:** _____

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

ACCEPTED INSURANCE	ID Number	Plan Name	Group Number	Policy Holder's Name (Last, First, M)
☐ Amerigroup				,
☐ Peach State	**Policy Holder's DOB** ___/___/_____	**Policy Holder's Mailing Address**		**Patient's Relationship to Policy Holder**
☐ Wellcare		FOR FUTURE USE		
☐ Medicaid/ Peachcare	**Insurance Phone #**	**Insurance Mailing Address**		**Coverage Effective Date** ___/___/_____

ICD 9 Diagnosis Codes *Required for insurance purposes only.*	Sequence Code 1	Sequence Code 2	Sequence Code 3

SPECIMEN INFORMATION
All tests are performed at the Decatur Laboratory unless specified.

Specimen Type:
- ☐ Arthropod
  Type: _____
- ☐ Abscess
  Source: _____
- ☐ Biopsy
  Source: _____
- ☐ Bronchial Wash
- ☐ Bronchial Brush
- ☐ Bronchoalveolar Lavage
- ☐ Broth
- ☐ Buccal Swab
- ☐ Cerebral Spinal Fluid
- ☐ Dried Blood Spot
- ☐ Endocervical Swab
- ☐ Isolate (Bacterial)
  Source: _____
- ☐ Isolate (Mycobacterial)
  Source: _____
- ☐ Lesion/General Swab
- ☐ Lesion/Genital Swab
- ☐ Lymph Node Aspirate
- ☐ Nasal Wash

- ☐ Nasal Aspirate
- ☐ Nasopharyngeal Aspirate
- ☐ Nasal Swab
- ☐ Nasopharyngeal Swab
- ☐ Pinworm/Adhesive Slide
- ☐ Plasma
- ☐ Rectal Swab
- ☐ Scab
- ☐ Serum
- ☐ Sputum
- ☐ Stool/Feces (Fresh)
- ☐ Stool/Feces (Preserved)
- ☐ Tracheal Aspirate
- ☐ Throat/Pharynx
- ☐ Tissue
  Source: _____
- ☐ Urethral Swab
- ☐ Urine
- ☐ Vaginal Swab
- ☐ Vesicle Fluid/Swab
- ☐ Whole Blood (EDTA)
- ☐ Whole Blood(Heparin)
- ☐ Other: _____

Date of Collection
___/___/_____

Time of Collection
_____:_____   ☐AM ☐PM

Shipped:
- ☐ Frozen
- ☐ Refrigerated
- ☐ Room Temperature

Outbreak related ☐ Yes ☐ No
If yes, name of outbreak:
_____

Symptoms
_____
_____

Date of onset
___/___/_____

Illness related to chemical exposure:
☐ Yes ☐ No
Event #_____

TEST REQUESTED

BLOOD LEAD
(Waycross Only)

COLLECTION METHOD
☐ Capillary ☐ Venous
☐ W4050 Blood Lead

CHEMICAL THREAT

Consultation with GPHL Emergency Response Coordinator required.
24/7 contact number: 866-782-4584
- ☐ CT041100 Rapid Toxic Screen (Performed at CDC)
- ☐ CT021500 Cadmium, mercury and lead (Blood)
- ☐ CT021700 Toxic Elements Screen (TES) (As, Ba, Be, Cd, Pb, Tl, U) (urine)
- ☐ CT021600 Mercury (urine)
- ☐ CT011100 Cyanide (blood)
- ☐ CT011200 Volatile Organic Compounds (VOC) (blood)
- ☐ CT011300 Tetramine (urine)
- ☐ CT031100 Organophosphate Nerve Agent metabolites (OPNA) (urine)
- ☐ Organophosphate Nerve Agent metabolites (OPNA) (serum)
- ☐ CT031300 Abrine and Ricinine (ABRC) (urine)
- ☐ Hold for testing

A correlating list of tests and prices is located at http://dph.georgia.gov/lab

PATIENT NAME
Last: _____ First: _____ MI. _____

BACTERIOLOGY

☐ **Enteric Isolates**
- ☐ 1100 *Campylobacter*
- ☐ 1070 STEC
- ☐ 1110 *Salmonella*
- ☐ 1080 *Shigella*
- ☐ 1160 *Yersinia*

☐ **Clinical Specimen (Stool/Preserved Stool)**
- ☐ 114004 *Campylobacter*
- ☐ 114006 STEC
- ☐ 114002 *Salmonella*
- ☐ 114003 *Shigella*
- ☐ 114008 *Yersinia*
- ☐ 114011 *Vibrio*

☐ 1120 **Stool Culture - Preserved** (Para-Pak C&S, Room Temp)
- ☐ Routine (*Salmonella, Shigella, Campylobacter, Aeromonas*, STEC, and *Yersinia*)
- ☐ *S. aureus* [1]

☐ 1140 **Stool Culture- Fresh** (Refrigerated)
- ☐ *B. cereus* [1]
- ☐ *C. perfringens* [1]

☐ 1130 **Special Bacteriology**
- ☐ *Neisseria meningitidis*
- ☐ *Haemophilus influenzae*
- ☐ *Listeria monocytogenes*
- ☐ *Vibrio spp.*
- ☐ Other- Suspected agent

☐ 1040 **Pertussis Direct Fluorescent Antibody (DFA)**
☐ 1050 **Pertussis Culture**
☐ 1030 **Group A Streptococcus**
☐ 1010 **Gonorrhea Culture**
☐ **Nucleic Acid Amplification Test (Chlamydia/Gonorrhea)**
- ☐ **1060 Decatur**   ☐ **W1000 Waycross**

☐ **Nucleic Acid Amplification Test (*Trichomonas vaginalis*)**
- ☐ **100100 Decatur**   ☐ **W100100 Waycross**

☐ 1135 **Forward to CDC[1]** (Please specify) _____
- ☐ *C. botulinum* [1,2]

☐ 1180 **ENVIRONMENTAL / FOOD (Epidemiology Use Only)**
- ☐ *B. cereus*
- ☐ *Campylobacter*
- ☐ *C. perfringens*
- ☐ *Listeria*
- ☐ STEC / SLT
- ☐ *Salmonella*
- ☐ *Shigella*
- ☐ *S. aureus*

[1] Special arrangement required CALL 404-327-7997
[2] Epidemiology approval required CALL 404-657-2588

IMMUNOLOGY

Routine Syphilis
- ☐ Routine RPR   *(Choose nearest location)*
  - ☐ 1610 Decatur   ☐ W2000 Waycross
- ☐ 1640 TPPA

Special RPR testing request
- ☐ 16150 Quantitative (Titer) and Confirmatory even if screening test (RPR) is negative
- ☐ No Confirmatory Test needed even if screening test (RPR) is positive

Arbovirus/WNV panel
- ☐ 1595 Arbo IgG panel
- ☐ 1600 Arbo IgM panel
- ☐ 1580 WNV IgG
- ☐ 1585 WNV IgM
- ☐ 1590 WNV IgM (CSF)
- ☐ 16550 Zika IgM

Hepatitis Testing
- ☐ 1411 Hep B (Prenatal)
- ☐ 1410 Hep B (Routine Screen)
- ☐ 1400 Anti-HAV Total Antibody
- ☐ 1405 Anti-HAV-IgM
- ☐ 1470 Anti-HCV (Ab)
- ☐ 1480 Anti-HCV (Ab) with Reflex to HCV Viral Load
- ☐ 1490 HCV Viral Load

Miscellaneous Serology
- ☐ 15300 Toxoplasmosis IgG
- ☐ 15350 Toxoplasmosis IgM
- ☐ 15100 Rubella IgG   ☐ W15100 Waycross
- ☐ 15150 Rubella IgM
- ☐ 15450 CMV Ig
- ☐ 15500 CMV IgM
- ☐ 15600 HSV1
- ☐ 15650 HSV2
- ☐ Rubeola IgG
  - ☐ 15200 Decatur   ☐ W15200 Waycross
- ☐ 15250 Rubeola IgM
- ☐ Mumps IgG
  - ☐ 15550 Decatur   ☐ W15550 Waycross
- ☐ Varicella Zoster
  - ☐ 15400 Decatur   ☐ W15400 Waycross
- ☐ 14100 MMR Panel (Measles, Mumps, Rubella)
- ☐ 14101 Torch Panel (CMV, HSV1, HSV2, Rubella, and Toxoplasmosis)
- ☐ 33900 QuantiFERON-TB Gold (IGRA)
- ☐ 1570 Refer to CDC _____

MYCOBACTERIOLOGY

Known TB Patient? ☐ Yes, current ☐ Yes, former ☐ No

Clinical Specimens
- ☐ 30100 Microscopic exam for AFB only
- ☐ 30000 Smear, culture & susceptibility testing (Susceptibility 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

PARASITOLOGY

(Choose nearest location)

☐ **Ova and Parasites Exam (Includes Formalin and PVA)**
- **Formalin** ☐ 2100 Decatur   ☐ W5000 Waycross
- **PVA**   ☐ 2300 Decatur   ☐ W5020 Waycross

Pinworm Slide   ☐ 2200 Decatur   ☐ W5030 Waycross
- ☐ 2150 PCR _____
- ☐ 2610 Tissue/tissue smear for parasites
- ☐ 2700 Whole blood/blood smear for parasites - Malaria
- ☐ 2710 Whole blood/blood smear for parasites - Filaria
- ☐ 2800 Miscellaneous identification _____

For Epidemiology Use Only:
- Cryptosporidium (O&P) ☐ 2400 Decatur   ☐ W50100 Waycross
- Cyclospora (O&P)   ☐ 2500 Decatur   ☐ W50800 Waycross

VIROLOGY

HIV
CTS# _____
- ☐ 13700 HIV Ag/Ab Combo
- ☐ 1340 HIV-1 Viral Load

For Epidemiology Use Only:
- ☐ 1360 HIV-1 Ab WB (dried blood spot only)

Viral Culture
- ☐ 62050 CMV Culture/IFA
- ☐ 60300 Measles Culture/IFA
- ☐ 60000 Mumps Culture/IFA
- ☐ 1385 Enterovirus Culture / IFA
- ☐ 1330 Herpes Culture / ELVIS
- ☐ 62000 VZV Culture / IFA
- ☐ 6100 Respiratory Culture / IFA
- ☐ 60040 Viral Culture / Identification
  (Please specify): _____

☐ **Gastrointestinal Outbreak Investigation**
- ☐ 60030 Rotavirus

Virology-Molecular
(Consultation with district epidemiologist required)
- ☐ 17100 Respiratory Viral Pathogen Panel
- ☐ 13750 Enterovirus RT-PCR

Miscellaneous Virology
- ☐ 60160 Virology CDC Sendout
(Please specify: _____

MOLECULAR BIOLOGY

Consultation with district epidemiologist required

☐ **BT Agent Rule Out (RT-PCR) Isolate:**
- ☐ BTC01005 *Bacillus anthracis*
- ☐ BTC02005 *Brucella spp.*
- ☐ BTC03005 *Burkholderia mallei/ pseudomallei*
- ☐ BTC04005 *Francisella tularensis*
- ☐ BTC06005 *Yersinia pestis*

☐ **BT Rule Out (RT-PCR) Clinical Specimen:**
- ☐ BTC01000 – Bacillus anthracis
- ☐ BTC02000 – Brucella spp.
- ☐ BTC03000 – Burkholderia spp.
- ☐ BTC04000 – Francisella tularensis
- ☐ BTC06000 – Yersinia pestis

- ☐ 414000 *Bordetella pertussis* (RT-PCR)
- ☐ 400050 Influenza Panel (rRT-PCR)
- ☐ 413000 Mumps (RT-PCR)
- ☐ 416000 Measles (RT-PCR)
- ☐ 411100 Norovirus (RT-PCR)
- ☐ BTC05000 Rash Illness Panel (RT-PCR)
- ☐ 421000 VZV (RT-PCR)
- ☐ 16600 Molecular Arbovirus (RT-PCR)
- ☐ 16800 Ebola (RT-PCR)
- ☐ 17300 MERS (RT-PCR)
- ☐ 49100 Miscellaneous Molecular _____

- ☐ 499100 Refer to CDC _____