GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM

(Do Not Use for Newborn Screening Tests)

Georgia Department of Public Health

Laboratory use only

Complete a separate form for each test requested

Choose Lab to Perform Test
Performed at the Decatur Laboratory unless specified*
☐ Decatur ☐ Waycross

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

☐ **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

ACCEPTED INSURANCE
☐ Amerigroup
☐ Peach State
☐ Wellcare
☐ Medicaid/ Peachcare

ID Number | **Plan Name** | **Group Number** | **Policy Holder's Name (Last, First, M)**

Policy Holder's DOB | **Policy Holder's Mailing Address** | **Patient's Relationship to Policy Holder**

___/___/_____

FOR FUTURE USE

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: _____
☐ Body Fluid
Source: _____
☐ Bronchial Wash
☐ Bronchoalveolar Lavage
☐ Buccal Swab
☐ Bronchial Wash
☐ Broth
☐ Cerebral Spinal Fluid
☐ Dried Blood Spot
☐ Endocervical Swab
☐ Isolated Organism
Source: _____
☐ Lesion/General Swab
☐ Lesion/Genital Swab
☐ Lymph Node Aspirate
☐ Nasal Wash
☐ Nasal Aspirate
☐ Nasal Swab
☐ Nasopharyngeal Aspirate
☐ Nasopharyngeal Swab
☐ Pinworm/Adhesive Slide
☐ Plasma
☐ Rectal Swab
☐ Scab
☐ Serum
☐ Sputum
☐ Rectal Swab
☐ Stool/Feces (Fresh)
☐ Stool/Feces (Preserved)
☐ Throat/Pharynx
☐ Tissue
Source: _____
☐ Urethral Swab
☐ Urine
☐ Vaginal Swab
☐ Vesicle Fluid/Swab
☐ Whole Blood
☐ Other: _____

Date of Collection
____/____/_____
Time of Collection
_____:_____ ☐AM ☐PM

Shipped:
☐ Frozen
☐ Refrigerated
☐ Room Temperature

Outbreak related ☐ Yes ☐ No
If yes, name of outbreak:
_____
Travel ☐ Yes ☐ No
Where?
_____
Symptoms
_____
_____
_____
Date of onset
____/____/_____

TEST REQUESTED

BLOOD LEAD
(Waycross Only)
☐ **W4050 Waycross**

COLLECTION METHOD
☐ Capillary ☐ Venous

MOLECULAR BIOLOGY
(Decatur only)
Consultation with district epidemiologist required.
☐ **BT Agent Rule Out (RT-PCR)**
- ☐ BTC01005 *Bacillus anthracis*
- ☐ BTC02005 *Brucella spp.*
- ☐ BTC03005 *Burkholderia mallei/pseudomallei*
- ☐ BTC04005 *Francisella tularensis*
- ☐ BTC06005 *Yersinia pestis*
- ☐ BT99000 BT send out CDC

☐ 414000 ***Bordetella pertussis* (RT-PCR)**
☐ 40000 **Influenza Panel with Respiratory Culture/IFA**
☐ 400050 **Influenza Panel (rRT-PCR)**
☐ 413000 **Mumps (RT-PCR)**
☐ 416000 **Measles (RT-PCR)**
☐ 1305 **Norovirus (rRT-PCR)**
☐ BTC05000 **Rash Illness Panel (RT-PCR)**
☐ 421000 **VZV (RT-PCR)**
☐ 49100 **Miscellaneous Molecular**
☐ 499100 **Refer to CDC** _____

PATIENT NAME
Last: First: MI.

For Laboratory Use Only

BACTERIOLOGY

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

☐ 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**

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

_____

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

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

IMMUNOLOGY

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

☐ 1630 VDRL (spinal fluid)
☐ 1640 TPPA

Special RPR testing request
☐ 1615 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)

Hepatitis Testing
☐ 1411 Hep B (Prenatal)
☐ 1410 Hep B (Routine Screen)
☐ 1400 Anti-HAV Total Antibody
☐ 1405 Anti-HAV-IgM
☐ 1480 Anti-HCV (Ab) with reflex to HCV RNA
☐ 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 Rubeola IgG
☐ 1525 Rubeola 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 (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 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 Worm identification
☐ 2800 Miscellaneous identification _____

For epidemiology use only:
Cryptosporidium (with O&P) ☐ 2100 Decatur ☐ W5000 Waycross
Cyclospora (with O&P) ☐ 2100 Decatur ☐ W5000 Waycross

VIROLOGY

HIV
CTS#_____

☐ 13500 HIV Ag/Ab Combo
☐ 1360 HIV-1 Ab WB (dried blood spot only)
☐ 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
- ☐ Other: _____/IFA

☐ 60040 Viral Culture / Identification
(Please specify): _____

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

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

CHEMICAL THREAT

(Decatur only)

Consultation with GPHL Emergency Response Coordinator required.
24/7 contact number 404-655-3695
866-782-4584

☐ CT041100 Rapid Toxic Screen (RTS) (Performed at the 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)
☐ CT031200 Metabolic Toxins Panel (MTP) (urine)
☐ CT031300 Abrine and Ricinine (ABRC) (urine)
☐ Hold for testing

Illness related to chemical exposure
☐ Yes ☐ No
Name/ID number of event :
_____

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