



GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM

(Do Not Use for Newborn Screening Tests)

Laboratory use only

Complete a separate form for each test requested

HEALTH CARE PROVIDER INFORMATION PATIENT INFORMATION

Submitter Code						MRN	Patient Name (Last)			First	MI	Suffix
Submitter Name						County of Residence			DOB (mm/dd/yyyy)			
Street Address						Home Phone		Work Phone		Cell Phone		
City		State	Zip		Address			City		State	Zip	
Phone Number						Parent / Guardian (if applicable)			Relationship			
Fax Number						Race			Ethnicity		Sex	
Contact Name						<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian			<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Male	
						<input type="checkbox"/> Black/African-American			<input type="checkbox"/> Non-Hispanic or Latino		<input type="checkbox"/> Female	
						<input type="checkbox"/> Native Hawaiian/Pacific Islander			Pregnant?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
						<input type="checkbox"/> White/Caucasian						
<input type="checkbox"/> Other			Travel in the past month? <input type="checkbox"/> Yes <input type="checkbox"/> No			Where? _____ Travel Dates? _____						
<input type="checkbox"/> Decatur <input type="checkbox"/> Waycross						<input type="checkbox"/> SELF PAY (SUBMITTER WILL BE INVOICED) <input type="checkbox"/> APPROVAL CODE: _____						

Sample Collection Facility				Ordering Provider			
Street Address				City		State	Zip Code
Phone Number		Fax Number		Contact Name			

Program Study Codes

ILI Net	EIP

SPECIMEN INFORMATION

<p>Specimen Type:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bronchial Wash</td> <td><input type="checkbox"/> Nasopharyngeal Aspirate</td> <td><input type="checkbox"/> Urethral Swab</td> </tr> <tr> <td><input type="checkbox"/> Bronchial Brush</td> <td><input type="checkbox"/> Nasal Wash</td> <td><input type="checkbox"/> Urine</td> </tr> <tr> <td><input type="checkbox"/> Bronchoalveolar Lavage</td> <td><input type="checkbox"/> Nasal Swab</td> <td><input type="checkbox"/> Vaginal Swab</td> </tr> <tr> <td><input type="checkbox"/> Broth</td> <td><input type="checkbox"/> Nasopharyngeal Swab</td> <td><input type="checkbox"/> Vesicle Fluid/Swab</td> </tr> <tr> <td><input type="checkbox"/> Buccal Swab</td> <td><input type="checkbox"/> Nasopharyngeal/Oropharyngeal Swab</td> <td><input type="checkbox"/> Whole Blood (EDTA)</td> </tr> <tr> <td><input type="checkbox"/> Cerebral Spinal Fluid</td> <td><input type="checkbox"/> Plasma</td> <td><input type="checkbox"/> Whole Blood (Heparin)</td> </tr> <tr> <td><input type="checkbox"/> Dried Blood Spot</td> <td><input type="checkbox"/> Rectal Swab</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Endocervical Swab</td> <td><input type="checkbox"/> Scab</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Isolate (Bacterial)</td> <td><input type="checkbox"/> Serum</td> <td></td> </tr> <tr> <td>Source: _____</td> <td><input type="checkbox"/> Sputum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Isolate (Mycobacterial)</td> <td><input type="checkbox"/> Stool/Feces (Fresh)</td> <td></td> </tr> <tr> <td>Source: _____</td> <td><input type="checkbox"/> Stool/Feces (Preserved)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lesion/General Swab</td> <td><input type="checkbox"/> Tracheal Aspirate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lesion/Genital Swab</td> <td><input type="checkbox"/> Throat/Pharynx</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Nasal Aspirate</td> <td><input type="checkbox"/> Tissue</td> <td></td> </tr> <tr> <td></td> <td>Source: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Bronchial Wash	<input type="checkbox"/> Nasopharyngeal Aspirate	<input type="checkbox"/> Urethral Swab	<input type="checkbox"/> Bronchial Brush	<input type="checkbox"/> Nasal Wash	<input type="checkbox"/> Urine	<input type="checkbox"/> Bronchoalveolar Lavage	<input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Vaginal Swab	<input type="checkbox"/> Broth	<input type="checkbox"/> Nasopharyngeal Swab	<input type="checkbox"/> Vesicle Fluid/Swab	<input type="checkbox"/> Buccal Swab	<input type="checkbox"/> Nasopharyngeal/Oropharyngeal Swab	<input type="checkbox"/> Whole Blood (EDTA)	<input type="checkbox"/> Cerebral Spinal Fluid	<input type="checkbox"/> Plasma	<input type="checkbox"/> Whole Blood (Heparin)	<input type="checkbox"/> Dried Blood Spot	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Endocervical Swab	<input type="checkbox"/> Scab		<input type="checkbox"/> Isolate (Bacterial)	<input type="checkbox"/> Serum		Source: _____	<input type="checkbox"/> Sputum		<input type="checkbox"/> Isolate (Mycobacterial)	<input type="checkbox"/> Stool/Feces (Fresh)		Source: _____	<input type="checkbox"/> Stool/Feces (Preserved)		<input type="checkbox"/> Lesion/General Swab	<input type="checkbox"/> Tracheal Aspirate		<input type="checkbox"/> Lesion/Genital Swab	<input type="checkbox"/> Throat/Pharynx		<input type="checkbox"/> Nasal Aspirate	<input type="checkbox"/> Tissue			Source: _____		<p>Date of Collection (mm/dd/yyyy)</p> <p>____/____/____</p> <p>Time of Collection</p> <p>____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Shipped:</p> <p><input type="checkbox"/> Frozen</p> <p><input type="checkbox"/> Refrigerated</p> <p><input type="checkbox"/> Room Temperature</p> <p>Outbreak Related: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Outbreak ID: _____</p> <p>Symptoms _____</p> <p>Date of Onset (mm/dd/yyyy)</p> <p>____/____/____</p> <p>Healthcare Provider <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Resides in Congregate Setting:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Intensive Care: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Illness related to chemical exposure:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For QuantiFERON-TB (IM26) Only:</p> <p>Storage temp of the tubes(c)? _____</p> <p>Incubation date/time in/out? _____</p> <p>Speed of the centrifuge? _____</p>
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	Source: _____																																																	

PATIENT NAME

Last: First: MI:

For Laboratory Use Only

HIV & STDs

- VI10 - Chlamydia/Gonorrhea by NAAT (Swab)
- VI12 - Chlamydia/Gonorrhea by NAAT (Urine)
- IM17 - Herpes Virus 1 IgG (Serum)
- IM18 - Herpes Virus 2 IgG (Serum)
- VI06 - Herpes Virus 1 and 2 by NAAT (Swab)
- IM13 - HIV Assays with Confirmation
- VI03 - HIV-1 Genotype
- VI04 - HIV-1 Viral Load
- BA22 - Neisseria gonorrhoeae Culture
- IM28 - Syphilis-RPR with Reflex to Anti-Treponemal Antibodies, Reflex to RPR Titer if Reactive (Traditional Algorithm – Preferred)
- IM37 - Syphilis- Anti-Treponemal Antibody with Reflex to RPR Titer (Reverse Algorithm)
- IM38 - Syphilis-RPR (Titer Only, only ordered for follow up of confirmed positive cases)
- VI11 - Trichomonas vaginalis by NAAT (Swab)
- VI13 - Trichomonas vaginalis by NAAT (Urine)

Hepatitis

- IM01 - Anti-HAV Total Antibody
- IM08 - HBsAg (Prenatal)
- IM09 - Hepatitis B Surface Antibody (HBs) Quantitative
- IM39 - Routine HBV Panel
- IM10 - Anti-HCV Ab
- IM11 - AntiHCV Ab, Rfx to Viral Load
- IM12 - HCV Viral Load

Respiratory

- BA23 - Bordetella Pertussis Culture
- BT10 - Bordetella Pertussis PCR
- BT23 - FluSC2 (Flu and SARS-CoV-2 Multiplex)
- BT101 - Influenza A/H7 Subtyping
- BT102 - Influenza A/H5 Subtyping
- VI09 - Respiratory Viral Pathogen Panel
- VI01 - SARS-CoV-2 Sequencing Surveillance

Gastrointestinal

- BA127 - BioFire Gastrointestinal Panel
- BA02 - Campylobacter sp. Culture
- BA01 - Campylobacter sp. Isolate
- BA128 - Listeria Culture
- BT07 - Norovirus Genogroup I II RNA
- BA07 - Salmonella Culture
- BA06 - Salmonella Isolate
- BA09 - Shigella Culture
- BA08 - Shigella Isolate Confirmation
- BA03 - STEC Culture
- BA04 - STEC Isolate
- BA20 - Vibrio Culture
- BA19 - Yersinia Culture
- BA18 - Yersinia Isolate

Other Infectious Diseases (Bacteriology)

- CA01 - Antimicrobial Resistance Confirmation
- BA25 - Group A Streptococcus
- BA27 - Haemophilus influenzae Culture
- BA26 - Neisseria meningitidis Culture
- BA21 - Other Special Bacteriology

Other Infectious Diseases (PCR & Serology)

- IM33 - Arbovirus IgG
- IM34 - Arbovirus IgM
- BT11 - Molecular Arbovirus
- IM15 - CMV IgG
- IM16 - CMV IgM
- IM32 - Dengue IgM
- IM36 - Eastern equine encephalitis virus IgM Ab
- IM19 - Measles (Rubeola) IgG
- BT06 - Measles Real Time PCR
- IM20 - Mumps Virus IgG Ab in Serum
- BT05 - Mumps Real Time PCR
- IM21 - Rubella Virus IgG Ab in Serum
- IM22 - Rubella Virus IgM Ab in Serum
- IM44 - Torch Panel
- IM23 - Toxoplasmosis IgG and Toxoplasmosis IgM
- IM25 - Varicella Zoster Virus IgG
- BT13 - Varicella Zoster Virus RT-PCR
- IM30 - West Nile Virus IgG
- IM31 - West Nile Virus IgM
- IM35 - WNV IgM (CSF)

Mycobacteriology

- MY01 - AFB Isolate Confirmation
- MY06 - MTB Nucleic Acid Amplification
- MY05 - Mycobacteria Culture, Smear, and Susceptibilities
- MY02 - Mycobacteria Susceptibilities
- IM26 - QuantiFERON-TB Gold (IGRA)

Parasitology & Fungus

- PA01 - Whole Blood for Malaria PCR
- CA07 - Yeast Identification

Biological Threat

- BT17 - Bacillus anthracis Clinical
- BT18 - Bacillus anthracis Isolate
- BT09 - Biofire NGDS Warrior Panel
- BT27 - Brucella spp. Clinical
- BT22 - Brucella spp. Isolate
- BT21 - Burkholderia spp. Isolate
- BT26 - Burkholderia spp. Clinical
- BT08 - Ebola Virus by RT-PCR
- BT25 - F. tularensis Clinical

Biological Threat Continued

- BT20 - F. tularensis Isolate
- BT12 - Non-variola Orthopoxvirus
- BT94 - Orthopoxvirus PCR
- BT24 - Yersinia pestis Clinical
- BT19 - Yersinia pestis Isolate

Chemical Threat

- CT10 - Abrine and Ricinine (ABRC) in Urine
- CT05 - Cyanide (Blood)
- CT01 - Lead in Capillary Blood by ICP-MS
- CT14 - Lead in Venous Blood by ICP-MS
- CT02 - Mercury, Lead, Cadmium in Whole Blood
- CT03 - Mercury (Urine)
- CT08 - Organophosphate Nerve Agent Metabolites (OPNA) in Serum
- CT09 - Organophosphate Nerve Agent Metabolites (OPNA) in Urine
- CT06 - Tetramine (Urine)
- CT04 - Toxic Elements Screen (TES) in Urine
- CT07 - VOCs in Whole Blood/Serum

Send-Outs

- REFERACC - Refer and await report (Enter Test Name)_____

Additional Information

For more information about tests offered, shipping, etc., please visit our website at Laboratory Services A-Z Index.