

Laboratory use only

**GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM**

***(Do Not Use for Newborn Screening Tests)***

 ***Complete a separate form for each test requested***

|  |  |
| --- | --- |
| ***HEALTH CARE PROVIDER INFORMATION***  | ***PATIENT INFORMATION*** |
| **Submitter Code** | **Patient ID Number** | **PATIENT NAME (Last)**  | **First** | **MI** | **Suffix** |
|  |   |   |   |   |   |   |   |  |       |          |       |   |   |
| **Submitter Name**  | **County of Residence** | **DOB** |
|       |          | \_\_\_/\_\_\_/\_\_\_\_\_\_ |
| **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** |
|       | [ ]  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 |
| **Contact Name** |  | **Pregnant?**[ ] Yes [ ] No [ ] N/A |
|       |  |  |
|  | **Travel in the past month?** [ ]  Yes [ ]  No **Travel Dates**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **[ ]  SELF PAY** (SUBMITTER WILL BE INVOICED) | **[ ] APPROVAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |
| ***Report Copy To:*** |
| **Submitter Code** | **Submitter Name** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |

 |       |
| **Street Address** | **City** | **State** | **Zip code** |
|       |       |       |       |
| **Phone #** | **Fax Number** | **Contact Name** |
|       |       |       |
| **Program Study Codes.** | **ILI Net EIP** |
|  |                |
| ***SPECIMEN INFORMATION \*All tests are performed at the Decatur Laboratory unless specified.*\* *MOLECULAR BIOLOGY***  |
| **Specimen 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 Aspirate[ ]  Nasopharyngeal Aspirate[ ]  Nasal Wash | [ ]  Nasal Swab[ ]  Nasopharyngeal swab [ ]  Comb. Nasopharyngeal/ Oropharyngeal 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 TemperatureOutbreak related [ ]  Yes [ ]  NoIf yes, name of outbreak: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_Illness related to chemical exposure: [ ]  Yes [ ]  No Event #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **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)**[ ]  423000 2019-nCov rRT-PCR Panel**  **NCOVID#: GA**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Required)**[ ]  49100 Miscellaneous Molecular \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  499100 Refer to CDC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PATIENT NAME** Last:        | First:        | **MI**. | **For Laboratory Use Only** |
|  ***BACTERIOLOGY*** |  ***IMMUNOLOGY***  |
| **[ ]  Enteric Isolates stool [ ]  Clinical Specimen (Stool/Preserved)** [ ]  1100 *Campylobacte*r [ ]  114004 *Campylobacte*r [ ]  1070 STEC [ ]  114006 STEC [ ]  1110 *Salmonella* [ ]  114002 *Salmonella* [ ]  1080 *Shigella* [ ]  114003 *Shigella* [ ]  1160 *Yersinia* [ ]  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   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] 1050 Pertussis Culture [ ]  1030 Group A Streptococcus **[ ]** 12100 **Microbial Identification (CRE, CRPA, CRAB)****[ ]** 1135 **Forward to CDC1 (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** | **Routine Syphilis** **[ ]  Routine RPR *(Choose nearest location)*** **[ ]  1610 Decatur [ ]  W2000 Waycross** **[ ]  16150 Anti-Treponemal Antibody W16150 Anti-Treponemal Antibody**[ ]  No Confirmatory Test needed even if screening test (RPR) is positive**Arbovirus/WNV panel** [ ]  1595 Arbo IgG panel  [ ]  1600 Arbo IgM panel  [ ]  1580 WNV lgG  [ ]  1585 WNV lgM  [ ]  1590 WNV lgM (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  [ ]  1635 Quantitative Hepatitis B antibody**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 VIROLOGY PARASITOLOGY*** |
| **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**Yeast Identification (r/o C. auris)****[ ]  1650 Yeast ID** | **Chlamydia/Gonorrhea by NAAT**  **[ ]  1060 Decatur [ ]  W1000 Waycross****Trichomonas vaginalis *by NAAT*** **[ ]  100100 Decatur [ ]  W100100**[ ]  62050 CMV Culture/IFA[ ]  60300 Measles Culture/IFA[ ]  60000 Mumps Culture/IFA[ ]  1385 Enterovirus Culture / IFA**[ ]  15700 Herpes virus 1 and 2 by NAAT**[ ]  62000 VZV Culture / IFA[ ]  6100 Respiratory Culture / IFA[ ]  60040 Viral Culture / Identification  (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  60030 Rotavirus [ ]  17100 Respiratory Viral Pathogen Panel (Epidemiologist consult required)[ ]  13750 Enterovirus RT-PCR **HIV** **CTS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  13700 HIV Ag/Ab Combo** **[ ]  1340 HIV-1 Viral Load****[ ]  35000 Genotype (Program Approval)****[ ]  36000 Integrase (Program Approval)****Miscellaneous Virology**[ ]  60160 Virology CDC Send out (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  2700 Whole blood/blood smear for parasites - Malaria**For Epidemiology Use Only**:Cryptosporidium (O&P) [ ]  2400 Cyclospora (O&P) [ ]  2500  |
|  ***CHEMICAL THREAT*** |  |  ***BLOOD LEAD*** |
|  **Consultation with GPHL Emergency Response Coordinator Req. 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 |  |  ***(Waycross Only)*****COLLECTION METHOD**[ ]  Capillary [ ]  Venous**[ ]** W4050Blood Lead |