

Laboratory use only

**GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM**

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

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

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| ***HEALTH CARE PROVIDER INFORMATION*** | | | | | | | | | | | | | | ***PATIENT INFORMATION*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Submitter Code** | | | | | | | | | | | | | | **Patient ID Number** | | | | **PATIENT NAME (Last)** | | | | | | | **First** | | | | | | | | **MI** | | **Suffix** | | |
|  |  |  |  | |  | |  |  | | |  | |  |  | | | |  | | | | | | |  | | | | | | | |  | |  | |
| **Submitter Name** | | | | | | | | | | | | | | **County of Residence** | | | | | | | | | | | | | | **DOB** | | | | | | | | | |
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| **Street Address** | | | | | | | | | | | | | | **Home Phone:** | | | | | | **Work Phone:** | | | | | | | | | **Cell Phone:** | | | | | | | | |
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| **City** | | | | | | | | | **State** | | | **Zip** | | **Address** | | | | | | | | | | | | **City,** | | | | | **State** | | | **Zip** | | | |
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| **Phone Number** | | | | | | | | | | | | | | **Parent / Guardian (if applicable)** | | | | | | | | | | | | | **Relationship** | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | **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** | | | | | | | | | | | | | | | | | | | | |
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| **Street Address** | | | | | | | | | | | | | | | | | **City** | | | | **State** | | | | | | | | | **Zip code** | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |
| **Phone #** | | | | | | | | | | **Fax Number** | | | | | | | | | | | | **Contact Name** | | | | | | | | | | | | | | | |
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| **Program Study Codes.** | | | | | | | | **ILI Net EIP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***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 Temperature  Outbreak related  Yes  No  If 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 | | | | | | | | | | | | | | | |