

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 sp.*
 - 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 CDC¹ (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
 - 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)

- Cryptosporidium** 2400 Decatur W5010 Waycross
- Cyclospora** 2500 Decatur W5010 Waycross
- 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 _____

VIROLOGY

- HIV**
CTS# _____
- 13500 HIV Ag/Ab Combo
- 1360 HIV-1 Ab WB
- 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
 - Other _____

RABIES

(Choose nearest location)

- 1300 Decatur
- W6000 Waycross
- BITE NUMBER (EPI)**
- BI/A#** _____
- Classification/Species of Animal**
 - Bat
 - Cat
 - Dog "Breed" _____
 - Fox
 - Skunk
 - Raccoon
 - Other: _____
 - Pet Wild Stray
- COUNTY OF ANIMAL** _____
- Date killed** _____
- Reason for testing (mandatory, check all that apply)**
 - Human exposure
 - Bite
 - Contact saliva
 - Scratch
 - Domestic animal exposure
 - Bite
 - Contact saliva
 - Scratch
 - Epidemiological Reasons
 - Other _____

All tests are performed at the Decatur Laboratory unless specified.