



**GEORGIA PUBLIC HEALTH
LABORATORY SUBMISSION FORM**
(Not to be used for Newborn Screening Tests)

Laboratory use only

Complete a separate form for each test requested

Effective 7/1/2013

Please Do Not Submit this form prior to
7/1/2013

Choose Lab to Perform Test
 Decatur Waycross

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	
Contact Name						<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Multi Racial						<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Male <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Female		Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Amerigroup <input type="checkbox"/> Peach State <input type="checkbox"/> Wellcare <input type="checkbox"/> 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	
	Insurance Phone #		Insurance Mailing Address				Coverage Effective Date	

FOR FUTURE USE

ICD 9 Diagnosis Codes Sequence Code 1 Sequence Code 2 Sequence Code 3
Required for insurance purposes only.

SPECIMEN INFORMATION

All tests are performed at the Decatur Laboratory unless specified.

TEST REQUESTED

<input type="checkbox"/> Arthropod <input type="checkbox"/> Abscess <input type="checkbox"/> Blood <input type="checkbox"/> Body fluid <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> CSF <input type="checkbox"/> Endocervical <input type="checkbox"/> Isolated Organism <input type="checkbox"/> Lesion/General Swab <input type="checkbox"/> Lesion/Genital Swab <input type="checkbox"/> Nasopharyngeal Aspirate <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Pinworm <input type="checkbox"/> Plasma <input type="checkbox"/> Rectal Swab <input type="checkbox"/> Serum (Acute/Convalescent) <input type="checkbox"/> Sputum <input type="checkbox"/> Stool/Feces <input type="checkbox"/> Throat/Pharynx <input type="checkbox"/> Tissue <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Other	Date of Collection ___/___/___ Time of Collection ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	<p>BLOOD LEAD (Waycross Only)</p> <input type="checkbox"/> W4050 Waycross	<p>CHEMICAL THREAT (Decatur only) Consultation with GPLH Emergency Response Coordinator required. 24/7 contact number 404-655-3695 866-782-4584</p>
	<p>SHIPPED</p> <input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated <input type="checkbox"/> Room Temperature Outbreak related <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of outbreak: _____ Travel <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____ Symptoms _____	<p>COLLECTION METHOD</p> <input type="checkbox"/> Capillary <input type="checkbox"/> Venus	<p>MOLECULAR BIOLOGY (Decatur only) Consultation with district epidemiologist required.</p> <input type="checkbox"/> BT agent rule out (RT-PCR) <input type="checkbox"/> BTC01005 <i>Bacillus anthracis</i> <input type="checkbox"/> BTC02005 <i>Brucella spp.</i> <input type="checkbox"/> BTC03005 <i>B. mallei/pseudomallei</i> <input type="checkbox"/> BTC04005 <i>Francisella tularencis</i> <input type="checkbox"/> BTC06005 <i>Yersinia pestis</i> <input type="checkbox"/> BT99000 BT send out CDC <input type="checkbox"/> 414000 <i>Bordetella pertussis</i> (RT-PCR) <input type="checkbox"/> 400050 Influenza panel (rRT-PCR) <input type="checkbox"/> 413000 Mumps (RT-PCR) <input type="checkbox"/> 416000 Measles (RT-PCR) <input type="checkbox"/> 1305 Norovirus (rRT-PCR) <input type="checkbox"/> BTC05000 Rash Illness Panel (RT-PCR) <input type="checkbox"/> 421000 VZV (RT-PCR) <input type="checkbox"/> 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 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 _____

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A correlating list of test and prices is located at <http://health.state.ga.us>