****

Laboratory use only

**GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM**

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

|  |
| --- |
| Choose Lab to Perform TestPerformed at the Decatur Laboratory unless specified\* |
|  [ ]  Decatur [ ]  Waycross |

 ***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 |
|       |  |  |
| **[ ]  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****FOR FUTURE USE**[ ]  Amerigroup[ ]  Peach State[ ]  Wellcare[ ]  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** |
|  |       |       | \_\_\_/\_\_\_/\_\_\_\_\_\_ |
| **ICD 9 Diagnosis Codes****Required for insurance purposes only.** |  **Sequence Code 1 Sequence Code 2 Sequence Code 3** |
|  |                      |
| ***SPECIMEN INFORMATION \*All tests are performed at the Decatur Laboratory unless specified.*\* *TEST REQUESTED*** |
| **Specimen Type:**[ ]  Arthropod  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Abscess Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Body Fluid Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Bronchial Wash[ ]  Bronchoalveolar Lavage[ ]  Buccal Swab[ ]  Bronchial Wash[ ]  Broth[ ]  Cerebral Spinal Fluid[ ]  Dried Blood Spot[ ]  Endocervical Swab[ ]  Isolated OrganismSource: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Lesion/General Swab[ ]  Lesion/Genital Swab[ ]  Lymph Node Aspirate[ ]  Nasal Wash[ ]  Nasal Aspirate | [ ]  Nasal Swab[ ]  Nasopharyngeal Aspirate[ ]  Nasopharyngeal Swab[ ]  Pinworm/Adhesive Slide[ ]  Plasma[ ]  Rectal Swab[ ]  Scab [ ]  Serum [ ]  Sputum[ ]  Rectal Swab[ ]  Stool/Feces (Fresh)[ ]  Stool/Feces (Preserved)[ ]  Throat/Pharynx[ ]  Tissue Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Urethral Swab[ ]  Urine[ ]  Vaginal Swab[ ]  Vesicle Fluid/Swab[ ]  Whole Blood[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date of Collection\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ Time of Collection \_\_\_\_\_:\_\_\_\_\_ [ ] AM [ ] PM **Shipped:**[ ]  Frozen [ ]  Refrigerated [ ]  Room TemperatureOutbreak related [ ]  Yes [ ]  NoIf yes, name of outbreak: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Travel [ ]  Yes [ ]  No  Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | ***BLOOD LEAD******(Waycross Only)*****[ ]  W4050 Waycross** **COLLECTION METHOD**[ ]  Capillary [ ]  Venous |
|  |  |  | ***MOLECULAR BIOLOGY******(Decatur only)*****Consultation with district epidemiologist required.**[ ]  **BT Agent Rule Out (RT-PCR)**  [ ]  BTC01005 *Bacillus anthracis*  [ ]  BTC02005 *Brucella spp.*  [ ]  BTC03005 *Burkholderia mallei/pseudomallei*  [ ]  BTC04005 *Francisella tularensis*  [ ]  BTC06005 *Yersinia pestis* [ ]  BT99000 BT send out CDC[ ]  414000 ***Bordetella pertussis* (RT-PCR)**[ ]  40000 **Influenza Panel with Respiratory Culture/IFA** [ ]  400050 **Influenza Panel (rRT-PCR)**[ ]  413000 **Mumps (RT-PCR)**[ ]  416000 **Measles (RT-PCR)**[ ]  1305 **Norovirus (rRT-PCR)**[ ]  BTC05000 **Rash Illness Panel (RT-PCR)**[ ]  421000 **VZV (RT-PCR)**[ ]  49100 **Miscellaneous Molecular**[ ]  499100 **Refer to CDC** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **A correlating list of tests and prices is located at** [**http://dph.georgia.gov/lab**](http://dph.georgia.gov/lab) **Page 1of 2 - Form 3583 (Revised 4/1/2014)** |
| **PATIENT NAME** Last:        | First:        | MI. | **For Laboratory Use Only** |
|  ***BACTERIOLOGY*** |  ***IMMUNOLOGY***  |
| **[ ]  Enteric Isolates** [ ]  1100 *Campylobacte*r  [ ]  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 spp.* [ ]  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* | **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 lgG  [ ]  1585 WNV lgM  [ ]  1590 WNV lgM (CSF)**Hepatitis Testing** [ ]  1411 Hep B (Prenatal)  [ ]  1410 Hep B (Routine Screen)  [ ]  1400 Anti-HAV Total Antibody [ ]  1405 Anti-HAV-IgM  [ ]  1480 Anti-HCV (Ab) with reflex to HCV RNA [ ]  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 VIROLOGY CHEMICAL THREAT*** |
| **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 | **HIV** CTS#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  13500 HIV Ag/Ab Combo [ ]  1360 HIV-1 Ab WB (dried blood spot only)[ ]  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  **Miscellaneous Virology**[ ]  60160 Virology CDC Sendout (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  ***(Decatur only)*****Consultation with GPHL Emergency Response Coordinator required.** **24/7 contact number** 404-655-3695 866-782-4584  [ ]  CT041100 Rapid Toxic Screen (RTS)  (Performed at the 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) [ ]  CT031200 Metabolic Toxins Panel (MTP) (urine) [ ]  CT031300 Abrine and Ricinine (ABRC) (urine) [ ]  Hold for testing Illness related to chemical exposure [ ]  Yes [ ]  NoName/ID number of event : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  ***PARASITOLOGY*** |  |  |
|  ***(Choose nearest location)***[ ]  **Ova and Parasites Exam (Includes Formalin and PVA)****Formalin Fe**ces [ ]  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  \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**For epidemiology use only:****Cryptosporidium (with O&P)** [ ]  2100 Decatur [ ]  W5000 Waycross **Cyclospora (with O&P)**  [ ]  2100 Decatur [ ]  W5000 Waycross  |  |  |

***All tests are performed at the Decatur Laboratory unless specified.***

**A correlating list of test and prices is located at** [**http://dph.georgia.gov/lab**](http://dph.georgia.gov/lab) **Page 2 of 2 – Form 3583 (Revised 4/1/2014)**