STATE OF MICHIGAN - LABORATORY TEST REQUISITION

Microbiology / Virology

DATE RECEIVED IN LABORATORY	LABORATORY SAMPLE NUMBER

Michigan Department of Health and Human Services - Bureau of Laboratories
P.O. Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing, MI 48909
Laboratory Records: 517-335-8059 Technical Information: 517-335-8067
Fax: 517-335-9871 Web: www.michigan.gov/mdhhslab

SUBMITTER INFORMATION

SUBMITTER INFORMATION (PRINTED, TYPED OR STAMPED)

☐ FP

☐ STD

AGENCY CODE (If Known)

TELEPHONE

FAX

CONTACT PERSON/ORDERING PHYSICIAN/PROVIDER NAME

NATIONAL PROVIDER IDENTIFIER #

PATIENT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL) or UNIQUE IDENTIFIER

SUBMITTER PATIENT # (If Applicable)

CITY

ZIP

GENDER

☐ MALE ☐ FEMALE

RACE

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other

ETHNICITY

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

ADAP NUMBER

BIRTH DATE (MM-DD-YYYY)

SUBMITTER SPECIMEN #

COLLECTION DATE (MM-DD-YY)

COLLECTION TIME (MILITARY)

INDICATE TEST REQUESTED

INSTRUCTIONS FOR COMPLETION: Complete reverse side of form for corresponding numbers in parentheses and in bold.

INDICATE SPECIMEN SOURCE

- ☐ AMNIOTIC FLUID
- ☐ BRONCHIAL
- ☐ CERVIX
- ☐ CSF
- ☐ GASTRIC
- ☐ NASOPHARYNGEAL
- ☐ ORAL MUCOSAL TRANSUDATE
- ☐ PLASMA
- ☐ SERUM
- ☐ STOOL
- ☐ SPUTUM
- ☐ THROAT
- ☐ URETHRA
- ☐ URINE
- ☐ WHOLE BLOOD
- ☐ FOOD-Specify:
- ☐ OTHER-Specify:

HIV TESTING

- ☐ HIV Ag/Ab - Serum **(1)**
- ☐ HIV Ag/Ab-Oral Mucosal Transudate **(1)**
- ☐ CD4/CD8 (EDTA whole blood) **(1)**
- ☐ HIV-1 VIRAL LOAD (EDTA plasma) **(1)**
- ☐ HIV-1 GENOTYPING (EDTA plasma) **(1)**

SEROLOGY

SERUM STATUS - If Applicable

- ☐ ACUTE ☐ CONVALESCENT
- ☐ ARBOVIRUS ENCEP PANEL (IgM)
  May-Oct Includes: Eastern Equine, California, St. Louis and West Nile CSF Only
- ☐ *BRUCELLA* SEROLOGY
- ☐ FUNGAL SEROLOGY COMPLEMENT FIX
- ☐ FUNGAL IMMUNODIFFUSION
- ☐ *FRANCISELLA* SEROLOGY
- ☐ *LEGIONELLA* - HA
- ☐ LYME DISEASE - EIA **(4)**
- ☐ MEASLES IgG
- ☐ MUMPS IgG
- ☐ RABIES AB SEROLOGY **(3)**
- ☐ RUBELLA IgG
- ☐ TETANUS TOXIN EIA
- ☐ VARICELLA ZOSTER IgG

SYPHILIS TESTING

- ☐ SYPHILIS PANEL **(1)**
- ☐ SYPHILIS TP-PA (ONLY) **(1)**
- ☐ SYPHILIS VDRL - CSF Only **(1)**
- ☐ SYPHILIS DFA **(1,2)**
- ☐ SYPHILIS IgM WESTERN BLOT* **(1)**

MICROBIOLOGY

- ☐ AEROBIC ISOLATE ID **(5)**
- ☐ ANTIMICROBIAL RESISTANCE CONF. **(5)**
- ☐ AFB SLIDE/CULTURE-CLINICAL SPECIMEN
- ☐ AFB IDENTIFICATION-ISOLATE ID
- ☐ ENTERIC BACTERIAL CULTURE
- ☐ FOODBORNE ILLNESS-Stool or Food **(6)**
- ☐ FUNGAL IDENTIFICATION - ISOLATE ID
- ☐ *LEGIONELLA* CULTURE
- ☐ *NEISSERIA GONORRHOEAE* - ISOLATION
- ☐ *NEISSERIA* - REFERRED CULTURE
- ☐ PARASITOLOGY - BLOOD
- ☐ PARASITOLOGY - STOOL
- ☐ PARASITOLOGY - WORM
- ☐ *PERTUSSIS* PCR
- ☐ *SALMONELLA* SEROTYPING - HUMAN
- ☐ *SHIGELLA* SEROTYPING
- ☐ *E. COLI* SHIGA-TOXIN PRODUCER (STEC)

VIROLOGY

- ☐ ENTEROVIRUS PCR **(6)**
- ☐ RESPIRATORY PCR PANEL
- ☐ INFLUENZA (PCR/CULTURE) **(7)**
  PATIENT STATUS (Influenza)
  ☐ OUTPATIENT ☐ INPATIENT
  ☐ UNKNOWN
- ☐ VIRAL CULTURE

TESTS THAT REQUIRE MDHHS APPROVAL

EMERGING ARBOVIRUS PANEL

- ☐ PCR ☐ SEROLOGY
- ☐ AFB NUCLEIC ACID AMPLIFICATION
- ☐ BACTERIAL TYPING-PFGE **(6)**
- ☐ BOTULISM TOXIN
- ☐ MUMPS - PCR
- ☐ MEASLES IgM
- ☐ NOROVIRUS PCR **(6)**
- ☐ *PERTUSSIS* CULTURE
- ☐ RUBELLA IgM **(1)**
- ☐ *SALMONELLA* SEROTYPING NON-HUMAN
- ☐ TOXIC SHOCK TESTING
- ☐ OTHER ______________________

OTHER

- ☐ AUTOCLAVE TEST STRIPS
- ☐ *LEGIONELLA* - DFA
- ☐ LYME DISEASE - DFA (Tick)

HEPATITIS TESTING

- ☐ HEPATITIS C ANTIBODY **(1)**
- ☐ HEPATITIS B SURFACE ANTIGEN (HBsAg) **(1)**
- ☐ HEPATITIS B ANTIBODY (Anti-HBsAg) **(1)**
- ☐ HEPATITIS A ANTIBODY (IgM) **(1)**

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INDICATE TEST REASON

☐ Diagnosis ☐ Surveillance ☐ Outbreak **(Complete Section 6)** ☐ Other (Specify) ______________________

(1) COMPLETE THIS SECTION FOR: HIV, SYPHILIS, HEPATITIS, RUBELLA IgM REQUESTS

PREGNANT?

☐ YES ☐ NO

FOR HEPATITIS B SURFACE ANTIGEN (HBsAg) ONLY

☐ Exposure to someone with Hepatitis B?

(2) COMPLETE THIS SECTION FOR: SYPHILIS DFA REQUESTS

DURATION OF LESION

☐☐ ☐ Days ☐ Months ☐ Years

SPECIFIC SITE: ______________________

(3) COMPLETE THIS SECTION FOR: RABIES ANTIBODY SEROLOGY REQUESTS

DATE OF LAST RABIES VACCINATION **DATE (MM-DD-YY)** ☐☐☐☐☐☐

(4) COMPLETE THIS SECTION FOR: LYME BORRELIOSIS REQUESTS

ONSET DATE (MM-DD-YY) ☐☐☐☐☐☐

State/County/Country of Exposure: ______________________

EARLY DISEASE

☐ Erythema Migrans (5 cm at least in diameter)

☐ Symptoms (Example- Rash, Fever, Headache, Joint Pain)

LATE DISEASE

☐ Neurologic ☐ Cardiologic ☐ Rheumatologic

(5) COMPLETE THIS SECTION FOR: AEROBIC CULTURE REQUESTS AND ANTIMICROBIAL RESISTANCE CONFIRMATION*

☐ Aerobe ☐ Microaerophile

GRAM

☐ Positive ☐ Negative ☐ Variable ☐ Rod ☐ Coccus ☐ Diplococcus

BACTERIAL GROWTH CHARACTERISTICS:

MacConkey	**Oxidase**	**Catalase**	**Dextrose**
☐ Positive ☐ Negative	☐ Positive ☐ Negative	☐ Positive ☐ Negative	☐ Oxidation ☐ Fermentation

* SUBMIT COPY OF ANTIMICROBIAL SUSCEPTIBILITY TEST RESULTS

OTHER: ______________________

(6) COMPLETE THIS SECTION FOR: OUTBREAK INVESTIGATION

ONSET DATE (MM-DD-YY) ☐☐☐☐☐☐

OUTBREAK IDENTIFIER ______________________

ORGANISM SUSPECTED (If Applicable) ______________________

MDHHS PRIOR APPROVAL: Name, Date ______________________

(7) COMPLETE THIS SECTION FOR: INFLUENZA TESTING (PCR / CULTURE) REQUESTS

LAST INFLUENZA VACCINATION: **DATE (MM-DD-YY)** ☐☐☐☐☐☐

TYPE

☐ Flu Mist ☐ Trivalent (Shot) ☐ Other ______________________

(8) ADDITIONAL INFORMATION

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

By Authority of Act 368, P.A. 1978