



NH PUBLIC HEALTH LABORATORIES
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 29 Hazen Drive, Concord, NH 03301
 Telephone: 603-271-4661, Fax: 603-271-2138
CLINICAL LABORATORY TEST REQUISITION

PHL Barcode Only

OUTBREAK INFO: _____ Please check if specimen is part of an outbreak
 Outbreak Comments: _____

SUBMITTER INFORMATION - Please Print Legibly
 Submitter Facility Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone No.: _____ Fax No.: _____
 Physician (Full Name): _____
 OTHER Report to: _____
 National Provider Identifier #: _____

PATIENT INFORMATION - Please Print Legibly

NOTE: All specimens MUST have Date of Birth and Date of Collection;
 Medicaid patients need Medicaid # and ICD (Diagnosis) Code for billing purposes

 Last Name: _____
 First Name: _____
 D.O.B: _____ Age: _____ Sex: M F
 MM/DD/YY
 Address: _____
 City: _____ State: _____ Zip: _____
 Patient Tel #: _____
 Patient Medicaid #: _____ State: NH VT
 ICD - 10 Diagnosis (DX) Code: _____
Race (Circle One): WHITE BLACK ASIAN NATIVE-American/Alaskan
 MULTIRACIAL HAWAIIAN/PACIFIC ISLANDER UNKNOWN OTHER _____
Ethnicity (Circle One): NON-HISPANIC HISPANIC UNKNOWN
 Patient ID #: _____

SPECIMEN INFORMATION: DATE of collection: _____
TIME of collection: _____

SITE/SOURCE of Specimen (please check):
 Serum Rectal
 Whole Blood Stool
 Sputum Throat
 Induced Sputum Urethra
 Bronchial Washing Urine
 CSF Other (Specify) _____
 Cervix Tissue (Specify) _____
 Nasopharyngeal Fluid (Specify) _____

Lab use only
 Clinical Spec EDTA Isolate Slides
 SST Swab Transfer Tube Viral Transport

TEST LIST

EPIDEMIOLOGY STUDY (Isolate or specimen)
 R/O *Bacillus anthracis*
 R/O *Brucella* spp
 R/O *Burkholderia* spp
 R/O *Francisella tularensis*
 R/O *Yersinia pestis*
 Bacillus cereus
 B. pertussis
 Campylobacter spp
 C. botulinum/tetani
 C. diphtheriae
 EHEC/Shiga-like toxin
 H. influenzae
 Legionella spp
 Listeria spp
 M. tuberculosis
 N. gonorrhoeae
 N. meningitidis
 Salmonella spp
 Shigella spp
 Strep. pneumoniae
 Vibrio spp
 Yersinia spp
 Plasmodium/Babesia
 Cryptosporidium

BACTERIAL CULTURE/ISOLATE ID
 Aerobic
 Anaerobic
 Antimicrobial Susceptibility
 Enteric Culture
 Screen (Salm, Shig only)
 Full (Salm, Shig, Campy, Aero, Plesio, EHEC, Yersinia)
 Isolate ID: _____
 Other: _____

CHEMISTRY
 Arsenic, Urine
 Mercury, Blood

CHLAMYDIA
 Amplified
 Culture

GONORRHEA
 Amplified
 Culture

HEPATITIS
 A IgM Ab
 A Total Ab
 B Core IgM Ab
 B Core Total Ab
 B Surface Ab
 B Surface Ag
 C Ab - Screen
 C Genotyping

HIV
 HIV Ag/Ab Combo
 HIV-1/2/Group O - Screen (Decedent only)

NOTE: Ab = Antibody Ag = Antigen

MYCOBACTERIA (AFB) (TB)
 NAA Direct Test (Respiratory specs only)
 Culture & Smear
 Mycobacteria ID

LEGIONELLA
 Culture
 DFA

MYCOLOGY
 Cryptococcal Ag
 Fungal Culture
 Mold ID
 Yeast ID

PARASITOLOGY
 ♦ **Travel history** _____
 Blood Parasite

PERTUSSIS
 Culture
 PCR

SYPHILIS
 RPR - Qual - Screen
 RPR - Quant - Titer
 TP-PA
 VDRL (CSF only)

VIRUS CULTURE (ONLY)
 Enterovirus
 Herpes
 Mumps
 Respiratory
 Varicella-Zoster
 Other _____

VIRUS TESTING
 Arbovirus IgM
 Chikungunya RT-PCR
 Herpes 1&2 IgG Ab
 Measles (Rubeola) IgG
 Measles (Rubeola) IgM
 Measles RT-PCR
 Mumps IgG
 Mumps IgM
 Mumps RT-PCR
 Norovirus RT-PCR
 Respiratory Panel
 Rubella IgG
 Rubella IgM
 Varicella-Zoster DFA
 Varicella-Zoster IgG
 Other _____

PHL LAB USE ONLY