



(MDH Lab Use Only)

Public Health Laboratory * 601 Robert St N * St. Paul MN 55155 * 651-201-5200

Project #

Fee sticker

Bar Code Sticker

MDH Use Only

Clinical Testing and Submission Form

PATIENT INFO

Last name: _____
 First name: _____ MI: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Patient ID #: _____
 DOB (mm/dd/yyyy): ____/____/____ Sex: M F U
 Patient location: _____

FACILITY INFO

Facility name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Submitter #: _____ Phone: _____
 Clinician name: _____ Phone: _____
 Name of person filling out form: _____ Phone: _____

Specimen or Isolate Source Information

Specimen Isolate

Lab sample #: _____
 Collection date: (mm/dd/yyyy) ____/____/____
 Collection time: _____ a.m. p.m.

- Blood
- Serum
 - acute convalescent
- Plasma
- Abscess: site: _____
- Body fluid: _____

- Bone: _____
- Bronchial: _____
- CSF
- Sputum
 - induced expectorated
- Stool
- Swab
 - site: _____

- Tissue Biopsy
 - site: _____
- Urine
- Wash Aspirate
 - site: _____
- Wound
 - site: _____
- Other: _____

Organism: _____

Check box AND specify organism if this is a required submission per the Reportable Disease Rule (Chapter 4605)

STOP If box is checked, do NOT select any tests. MDH will determine.

Test Requested

MICROBIOLOGY

- Bacillus anthracis♦
- Bacterial ID; specify: _____
- Botulism testing♦
- Brucella♦
- C. diphtheriae♦
- Enteric culture:
 - routine specify: _____
- Enteric pathogen ID; specify: _____
- Francisella tularensis♦
- GC culture (MDH approval only)
- Haemophilus ducreyi♦
- Legionella culture & DFA
- Pertussis culture/PCR
- Yersinia pestis♦
- Other; specify: _____

♦Call lab prior to sending

MYCOBACTERIOLOGY

- Mycobacterial smear and culture
- Mycobacterial ID

MYCOLOGY

- Fungal ID; specify: _____

PARASITOLOGY

- Ova and parasite exam; specify: _____
- Thick and thin blood films; specify: _____
- Other exam; specify: _____
- Parasite ID/confirmation; specify: _____

SEROLOGY/IMMUNOLOGY

- Arbovirus/WNV panel
- HIV (MDH approved submitter only)
- Measles IgM/IgG
- Rubella IgM/Total Ab
- Syphilis:
 - Screening (USR)
 - Confirmation (TPPA)
 - Screen result: _____
 - Method: _____
- VDRL (CSF only)

VIROLOGY

- Virus detection/ID*;
 - Adenovirus
 - Enterovirus
 - Herpes Simplex Virus
 - Influenza:
 - A B unknown
 - Measles
 - Mumps
 - Rubella
 - Other virus; specify: _____
- *MDH will determine testing protocol (culture and/or PCR)*

OTHER

Specify: _____

Submitting laboratory's comments: