

(MDH Lab Use Only)	Project # <input style="width: 60px; height: 20px;" type="text"/>
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Public Health Laboratory \* 601 Robert St N \* St. Paul MN 55155 \* 651-201-5200

Bar Code Sticker  (MDH Use Only)
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## Clinical Testing and Submission Form

### PATIENT INFO

Last name:

First name:  MI:

Address:

City:  St:  Zip:

Patient ID #:

DOB mm/dd/yyyy:  Gender:  M  F  U

Patient location:

### FACILITY INFO

Name:

Address:

City:  St:  Zip:

Submitter #:  Phone:

Clinician name:  Phone:

Person filling out form:  Phone:

## Specimen or Isolate Source Information

<input type="checkbox"/> Specimen <input type="checkbox"/> Isolate			
Lab sample #: <input style="width: 100px;" type="text"/> Collection date mm/dd/yyyy: <input style="width: 100px;" type="text"/> Collection time: <input style="width: 50px;" type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> acute <input type="checkbox"/> convalescent <input type="checkbox"/> Plasma <input type="checkbox"/> Abscess: site: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Body fluid: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Bone: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Bronchial: <input style="width: 100px;" type="text"/> <input type="checkbox"/> CSF <input type="checkbox"/> Sputum <input type="checkbox"/> induced <input type="checkbox"/> expectorated <input type="checkbox"/> Stool <input type="checkbox"/> Swab: site: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Tissue <input type="checkbox"/> Biopsy: site: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Urine <input type="checkbox"/> Wash <input type="checkbox"/> Aspirate: site: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Wound: site: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>
<input type="checkbox"/> <b>Check box AND specify organism if this is a required submission per the Reportable Disease Rule (Chapter 4605)</b> If box is checked, do NOT select any tests. MDH will determine.		Organism: <input style="width: 300px;" type="text"/>	

## Test Requested

MICROBIOLOGY	MYCOBACTERIOLOGY	SEROLOGY / IMMUNOLOGY	VIROLOGY
<input type="checkbox"/> Bacillus anthracis * <input type="checkbox"/> Bacterial ID; specify: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Botulism testing * <input type="checkbox"/> Brucella * <input type="checkbox"/> C. diphtheriae * <input type="checkbox"/> Enteric pathogen ID; specify: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Francisella tularensis * <input type="checkbox"/> GC culture (MDH approval only) <input type="checkbox"/> Legionella culture & DFA <input type="checkbox"/> Pertussis culture/PCR <input type="checkbox"/> Yersinia pestis * <input type="checkbox"/> Other; specify: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Mycobacterial smear & culture <input type="checkbox"/> Mycobacterial ID <div style="background-color: #cccccc; text-align: center; padding: 2px; margin: 5px 0;"><b>MYCOLOGY</b></div> <input type="checkbox"/> Fungal ID; specify: <input style="width: 100px;" type="text"/> <div style="background-color: #cccccc; text-align: center; padding: 2px; margin: 5px 0;"><b>PARASITOLOGY</b></div> <input type="checkbox"/> Ova and parasite exam; specify: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Thick and thin blood films; specify: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Other exam; specify: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Parasite ID/confirmation; specify: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Arbovirus/POW/JCV panel <input type="checkbox"/> Bordetella pertussis IgG EIA <input type="checkbox"/> Zika <input type="checkbox"/> Syphilis: <input type="checkbox"/> Screening <input type="checkbox"/> Confirmation (TPPA) screen result: <input style="width: 100px;" type="text"/> method: <input style="width: 100px;" type="text"/> <input type="checkbox"/> VDRL (CSF only)	<input type="checkbox"/> Virus detection/ID*; <input type="checkbox"/> Adenovirus <input type="checkbox"/> Enterovirus <input type="checkbox"/> Herpes Simplex Virus <input type="checkbox"/> Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> unknown <input type="checkbox"/> Measles PCR <input type="checkbox"/> Mumps PCR <input type="checkbox"/> Rubella PCR <input type="checkbox"/> Other Virus; specify: <input style="width: 100px;" type="text"/> *MDH will determine testing protocol (culture and/or PCR)
<b>OTHER</b>			
Specify: <input style="width: 300px;" type="text"/>			

**\*Call lab prior to sending**

Submitting lab comments: