

Upper Peninsula Laboratory Test Requisition

Michigan Department of Community Health - Bureau of Laboratories

ATDC Building 1402 East Sharon Avenue PO Box 38 Houghton Michigan 49931-0038
 Phone: 906-487-3011 Fax: 906-487-3682 HTTP://www.Michigan.gov/mdchlab

Date Received at MDCH										MDCH Sample #													
AGENCY - SUBMITTER INFORMATION										ENTER EPIC CODE IF KNOWN >>>>>>													
Return Results to:										<input type="checkbox"/> FP		Phone (24/7)											
										<input type="checkbox"/> STD		Fax											
CONTACT PERSON/ ATTENDING PHYSICIAN/ PROVIDER NAME:										NATIONAL PROVIDER IDENTIFIER:													
SUBMITTER'S PATIENT NUMBER - IF APPLICABLE																							
PATIENT INFORMATION - NAME (LAST, FIRST, MIDDLE INITIAL OR UNIQUE IDENTIFIER) Must Match Specimen Label Exactly																							
PATIENT'S CITY of RESIDENCE										ZIP CODE						GENDER		<input type="checkbox"/> Female <input type="checkbox"/> Male					
RACE		<input type="checkbox"/> Black/AA <input type="checkbox"/> White <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/PI <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify):																					
ETHNICITY		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Arab Descent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				MEDICAID or PLAN FIRST NUMBER													
DATE OF BIRTH		M	M	D	D	Y	Y	Y	Y	ONSET DATE		M	M	D	D	Y	Y	Y	Y				
SUBMITTER'S SPECIMEN NUMBER - IF APPLICABLE																							

SPECIMEN INFORMATION - INDICATE TEST REQUESTED

- 0500 Enteric Culture
- 0673 *Chlamydia trachomatis* (non-culture)¹
- 0801 *Neisseria gonorrhoeae* – Isolation
- 0851 *Neisseria* - Culture Identification
- 2100 USR Test (Syphilis Serology)
- 2951 *Norovirus PCR
- 2961 *Bacterial Typing by Pulse Field Gel Electrophoresis - Specify Organism: _____
- 9999 *Other - Specify: _____

(*) INDICATES PRIOR APPROVAL REQUIRED

DATE COLLECTED		M	M	D	D	Y	Y	Y	Y	TIME COLLECTED						<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
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INDICATE SPECIMEN SOURCE BELOW

- Cervix Culture Serum Stool Urethra Urine
- Other – Specify: _____

INDICATE TEST REASON BELOW

- Diagnosis Surveillance Suspected Outbreak – Specify: _____
- Other – Specify: _____

Sexually Transmitted Diseases – Reason for Testing (See reverse for definitions)

- Symptoms Infected Partner Partner Risk Prenatal Visit Retest
- Age Recommended Plan First Client Medicaid (Not Plan First) History of STD (< 3 years)

OUTBREAK IDENTIFIER (Foodborne ONLY - If Applicable)	ORGANISM SUSPECTED (If Applicable)

INSTRUCTIONS:

- Submit **each** specimen with a completed requisition.
- Information provided must include: Patient's name or a unique identifier, date of specimen collection, time of specimen collection, name & address of ordering physician (submitter), and the test to be performed. Additional information beyond the test requisition may be required dependent on the test requested. To avoid delays, complete the entire requisition as applicable.
- The **test requisition** and **specimen container** must have matching patient name/unique identifier and/or other relevant information or the specimen will not be tested. If the name/unique identifier on the specimen container differs from that on the test requisition, testing will not be performed.
- Every attempt will be made to salvage leaking or improperly submitted samples of cerebrospinal fluid, biopsy tissues, aspirates and other specimens attained by invasive procedures providing that the safety of the laboratory worker is not compromised.
- Serum/plasma specimens will be rejected if in glass tubes or other non-MDCH approved containers.

ENTERIC CULTURE

Includes: *Salmonella*, *Shigella*, *Campylobacter*, and *E. coli* O157:H7.

NEISSERIA CULTURE

Isolation and identification of *Neisseria gonorrhoeae* **only**.

NOROVIRUS PCR

Norovirus testing must be approved by the MDCH Bureau of Epidemiology (517-335-8165) before stool specimens are submitted for testing.

FOODBORNE DISEASE INVESTIGATION – ENTERIC CULTURES ONLY

This test requires prior approval and supporting epidemiological data. This testing is performed when two or more unrelated individuals are reported ill from a common source. Significant epidemiological data is required to perform this test.

Requests for this test **must** come through the local county health department. Food samples will be tested at the MDCH lab in Lansing.

This testing may include *Salmonella*, *Shigella*, *E. coli* O157:H7, and *Campylobacter*.

¹All tests positive for *Chlamydia* will automatically be tested for *N. gonorrhoeae*.

²Sexually Transmitted Diseases – Definitions

Symptoms:	Patient requesting examination due to symptoms, or, symptoms discovered on examination.
Infected Partner:	Patient has known exposure to STD (self-reported or documented).
Partner Risk:	Patient has multiple sex partners.
History of STD:	Patient has been diagnosed with a sexually transmitted disease within last 3 years.
Prenatal Visit:	Patient examination is part of prenatal visit.
Age recommended:	Recommended age criteria for screening female patients is ≤ 24 for family planning clinics, adolescent and juvenile detention sites, and all ages for STD clinics.
“Plan First!” Clients:	A “Plan First!” client seeking family planning services will receive screening and teaching. As a Title X Standards & Guideline requirement, <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> screening must be offered to “Plan First!” clients < 24 years of age, prior to provision of a contraceptive method, if risk factors are reported.
Retest:	CDC recommends that women testing positive for <i>N. gonorrhea</i> and <i>Chlamydia trachomatis</i> be retested approximately 3 months after treatment. Providers are also strongly encouraged to retest all women treated for these infections whenever they seek medical care within the following 3-12 months, regardless of whether the patient believes her sex partners were treated.