Multiple Patient/Sample - Same Test - Requisition

Bureau of Laboratories Michigan Department of Community Health

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Date Received at MDCH	ENTER EPIC CODE IF KNOWN >>>>>>										
Return Results to:	Phone										
	Fax										

CONTACT PERSON/ATTENDING PHYSICIAN/PROVIDER:

PATIENT/SAMPLE INFORMATION

MDCH Sample Number	Submitter Specimen Number	Patient Name/Unique Identifier or Sample Type	Submitter Patient Number	Date of Birth	Date Collected

SPECIMEN INFORMATION - INDICATE ONE TEST REQUESTED - ONLY TESTS LISTED BELOW MAY BE ORDERED ON THIS REQUISITION

0501 • Parasitology - Stool
0551 • Enteric Examination - Stool
0701 • Foodborne Illness - Stool or Food
2030 • HIV- Oral Mucosal Transudate
2100 • USR Test - Serum
2745 • Hepatitis C Screen – Serum
2760 • HBS - ANTI (Anti-HBs) - Serum
2961 • Bacterial Typing - PFGE - Pure Culture (Must have Prior Approval)

• Other - (Must have Prior Approval)_____

INDICATE TEST REASON BELOW

• Diagnosis • Surveillance • Suspected Outbreak - Specify:_____

• Other - Specify:_____

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