

Multiple Patient/Sample - Same Test - Requisition

Bureau of Laboratories Michigan Department of Community Health

PO Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing Michigan 48909

Phone (517) 335 - 8059 Laboratory Records

Fax: (517) 335 - 9871

(517) 335 - 8067 Technical Information

<http://www.michigan.gov/mdchlab>

Date Received at MDCH	ENTER STARLIMS CODE IF KNOWN								
Return Results to:	Phone								
	Fax								
	NATIONAL PROVIDER IDENTIFIER								

PATIENT/SAMPLE INFORMATION

MDCH SAMPLE NUMBER	DATE COLLECTED	SPECIMEN SOURCE	PATIENT NAME/UNIQUE IDENTIFIER (OR SAMPLE TYPE)	SUBMITTER PATIENT NUMBER	DATE OF BIRTH	DATE OF ONSET

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

Foodborne Illness - Stool or Food

Other - (Must Have Prior Approval) _____

INDICATE TEST REASON BELOW

Diagnosis Surveillance Suspected Outbreak - Specify: _____

Other - Specify: _____

OUTBREAK IDENTIFIER (If Applicable)	ORGANISM SUSPECTED (If Applicable)