

Microbiology/Virology Test Requisition

Bureau of Laboratories Michigan Department of Community Health

PO Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing Michigan 48909
 Phone: 517-335-8067 Fax: 517-335-9871 HTTP://www.mdch.state.mi.us/pha/bofl

Date Received at MDCH	MDCH Sample #
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AGENCY - SUBMITTER INFORMATION	ENTER EPIC CODE IF KNOWN >>>>>
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Return Results to:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Phone</td> <td style="width: 40%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td style="padding: 5px;">Fax</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Phone					Fax				
Phone											
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CONTACT PERSON/ATTENDING PHYSICIAN/PROVIDER: _____

SUBMITTER'S SPECIMEN NUMBER - IF APPLICABLE: _____

PATIENT INFORMATION - NAME (LAST, FIRST, MIDDLE INITIAL OR UNIQUE IDENTIFIER) Must Match Specimen Label Exactly

SUBMITTER'S PATIENT NUMBER - IF APPLICABLE: _____

PATIENT'S COUNTY of RESIDENCE	GENDER
	<input type="radio"/> Female <input type="radio"/> Male

RACE Black White Multiracial American Indian Asian/Pacific Islander Unknown

ANCESTRY Hispanic Non-Hispanic Unknown SOCIAL SECURITY # _____

DATE OF BIRTH	ONSET DATE
M M D D Y Y Y Y	M M D D Y Y Y Y

SPECIMEN INFORMATION - INDICATE TEST REQUESTED - SEE REVERSE IF NOT LISTED BELOW

- | | | |
|---|--|---|
| 0001 <input type="radio"/> AFB Slide/Culture - Clinical Specimen | 0660 <input type="radio"/> <i>Chlamydia trachomatis</i> & <i>Neisseria gonorrhoeae</i> (Non-culture) | 2200 <input type="radio"/> <i>Chlamydia trachomatis</i> - Culture |
| 0005 <input type="radio"/> AFB Identification - Cultural Isolate | 0801 <input type="radio"/> <i>Neisseria gonorrhoeae</i> - Isolation | 2740 <input type="radio"/> HBsAg <u>Complete # Two on Reverse</u> |
| 0102 <input type="radio"/> Fungal Identification - Cultural Isolate | 2030 <input type="radio"/> HIV- Oral Mucosal Transudate | 2745 <input type="radio"/> Hepatitis C Screen |
| 0200 <input type="radio"/> Aerobic Culture <u>Complete # Six on Reverse</u> | 2100 <input type="radio"/> Syphilis (USR Test) | 2760 <input type="radio"/> HBS - ANTI (Anti-HBS) |
| 0501 <input type="radio"/> Parasitology - Stool | 2900 <input type="radio"/> Rabies Virus <u>Complete # One on Reverse</u> | |
- Other - Specify Test Code & Test Name: _____
- Other - Specify Test Code & Test Name: _____

DATE COLLECTED	TIME COLLECTED
M M D D Y Y Y Y	A.M. P.M.

INDICATE SPECIMEN SOURCE BELOW

- Bronchial Gastric Plasma Sputum Urine Whole Blood
 Cervix Nasopharyngeal Serum Throat Food - Specify: _____
 CSF Oral Mucosal Transudate Stool Urethra Other - Specify: _____

SERUM STATUS - If Applicable Acute Convalescent

INDICATE TEST REASON BELOW

- Diagnosis Surveillance Suspected Outbreak - Specify: _____
 STD - Infected partner, history of, or symptoms of STD STD - New partner, multiple partners, or partner with other partners within the last six months
 Other - Specify: _____

OUTBREAK IDENTIFIER (Foodborne ONLY - If Applicable)	ORGANISM SUSPECTED (If Applicable)
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ONE IF REQUESTING EXAMINATION FOR: RABIES TEST CODE 2900 COMPLETE ALL THAT APPLY

ANIMAL OWNER'S NAME

ANIMAL OWNER'S ADDRESS

ANIMAL OWNER'S CITY/STATE/ZIP

ANIMAL OWNER'S PHONE NUMBER

TYPE OF ANIMAL
 Dog Cat Bat Other (Specify) _____

ANIMAL'S RABIES VACCINATION STATUS
 None/Unknown Yes → Date of Vaccination M M D D Y Y Y Y

EXPOSED PERSON'S PHONE NUMBER

SITE ON BODY OF EXPOSURE

TWO IF REQUESTING EXAMINATION FOR: HEPATITIS B TEST CODE 2740 COMPLETE ALL THAT APPLY

Pregnancy (HBsAg) Exposure to someone with Hepatitis B

INFECTED PERSON'S DATE OF BIRTH M M D D Y Y Y Y

INFECTED PERSON'S NAME

IF AN INFANT MOTHER'S NAME

Other (Specify): _____ Court Order At Risk

THREE IF REQUESTING EXAMINATION FOR: SYPHILIS - DFA TEST CODE 2105 COMPLETE ALL THAT APPLY

Duration of Lesion Days Months Years Specify Site: _____

FOUR IF REQUESTING EXAM FOR: RABIES ANTIBODY DETECTION TEST CODE 2810 COMPLETE ALL THAT APPLY

Date of Last Rabies Vaccination M M D D Y Y Y Y

FIVE IF REQUESTING EXAMINATION FOR: LYME BORRELIOSIS TEST CODE 2111 COMPLETE ALL THAT APPLY

ONSET DATE M M D D Y Y Y Y EARLY DISEASE Unknown Erythema migrans (5 cm at least in diameter)

LATE DISEASE Neurologic Cardiac Rheumatologic State/County of Exposure

SIX IF REQUESTING EXAM FOR: AEROBIC/ANAEROBIC CULTURE TEST CODES 0200/0300 COMPLETE ALL THAT APPLY

Aerobe Anaerobe Microaerophile Gram Positive Negative Variable Rod Coccus Diplococcus Other
 Bacterial Growth Characteristics: MacConkey Pos Neg Oxidase Pos Neg Catalase Pos Neg Oxidation Fermentation

2270	ADENOVIRUS BY CULTURE	2958	HCV - BIOPORT - PCR	2910	RABIES SURVEILLANCE
2280	ADENOVIRUS BY EIA - Fecals Only	2952	HCV - PCR	2350	RESPIRATORY PANEL CULTURE
0004	APB SUSCEPTIBILITY - Cultural Isolate	2210	HERPES SIMPLEX VIRUS CULTURE	2300	RESPIRATORY PANEL/DIRECT FA
0300	ANAEROBIC CULTURE - Identification - Complete # Six Above	2590	HERPES SIMPLEX VIRUS IgG	2962	RFLP - <i>M. tuberculosis</i> *
2665	ARBOVIRUS ENCEPHALITIS PANEL(IgG) May - October #	2950	HIV - PCR*	2290	ROTAVIRUS DET. EIA - Fecals
2770	ARBOVIRUS ENCEPHALITIS PANEL(IgM) May - October #	0403	LEGIONELLA ANTIGEN EIA*	2500	RUBELLA IgG
0709	AUTOCLAVE TEST STRIPS	0400	LEGIONELLA CULTURE	2830	RUBELLA IgM*
2961	BACTERIAL TYPING - PFGE*	0401	LEGIONELLA - DFA	2260	RUBELLA VIRUS BY CULTURE *
2645	BARTONELLA IFA	0402	LEGIONELLA HEMAGGLUTINATION	0601	SALMONELLA SEROTYPING (Human)
0702	BOTULISM TOXIN *	0708	LYME DISEASE CULTURE - (Human)	0602	SALMONELLA SEROTYPING (Non-Human)*
0999	CDC REFERRAL	0718	LYME DISEASE CULTURE - (Non-Human)	0601	SHIGELLA SEROTYPING (Human)
2230	CYTOMEGALOVIRUS CULTURE	2111	LYME DISEASE - EIA - Complete # Five Above	2105	SYPHILIS DFA - TP Complete # Three Above
2580	CYTOMEGALOVIRUS IgG	2113	LYME DISEASE - IFA (Tick or Culture)	2102	SYPHILIS FTA - ABS DS*
2150	DIPHTHERIA ANTIBODY	2600	MEASLES IgG	2104	SYPHILIS IgM EIA (Infants < 1 Year)
0551	ENTERIC EXAMINATION	2820	MEASLES IgM*	2107	SYPHILIS TP - PA*
2400	ENTEROVIRUS BY CULTURE	2240	MEASLES VIRUS BY CULTURE	2103	SYPHILIS VDRL - CSF Only
2973	ENTEROVIRUS - PCR*	2610	MUMPS IgG	2121	TETANUS TOXIN EIA
0603	<i>E. coli</i> TOXIN & SEROLOGY	2250	MUMPS VIRUS BY CULTURE	2720	TORCH IgG
0701	FOODBORNE ILLNESS - Stool or Food	2541	MYCOPLASMA IgG	0705	TOXIC SHOCK TESTING *
2516	FUNGAL IMMUNODIFFUSION	0851	NEISSERIA - REFERRED CULTURE	2650	TOXOPLASMA GONDII - IgG
2515	FUNGAL SEROLOGY COMP. FIX.	2951	NORWALK - PCR*	2670	TOXOPLASMA GONDII - IgM
0103	FUNGAL SLIDE & CULTURE - Clinical Specimen	0502	PARASITOLOGY - BLOOD	2220	VARICELLA ZOSTER - CULTURE
2615	FRANCISELLA/BRUCELLA	0503	PARASITOLOGY - WORM	2620	VARICELLA ZOSTER - IgG
2860	HANTAVIRUS	0498	PERTUSSIS AGG. TEST - SERUM		
2800	HEPATITIS A VIRUS (IgM)	0450	PERTUSSIS CULTURE		
2790	HEPATITIS A VIRUS (Total)	2953	PERTUSSIS - PCR*		
2954	HEPATITIS A VIRUS - PCR*	2810	RABIES NEUTRALIZING ANTI. -Complete # Four Above		

Panel includes Eastern Equine, California, St. Louis and West Nile.

*Must Have Prior Approval