

# MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

## Public Health Laboratory Request Form

P.O. Box 4369, Helena, MT 59604-4369  
(406) 444-3444 (800) 821-7284 CLIA ID # 27D0652531

PATIENT INFORMATION	PROVIDER INFORMATION
<p>LAST NAME</p> <p>FIRST NAME</p> <p>PATIENT ID #</p> <p>PATIENT ADDRESS</p> <p>PATIENT CITY OF RESIDENCE      STATE      ZIP CODE</p> <p>DATE OF BIRTH      GENDER</p> <p style="text-align: right;"><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p style="font-size: 1.2em; font-weight: bold;">LS160011</p> <p style="font-weight: bold;">BOZEMAN DEAC HOSPITAL 915 HIGHLAND BLVD BOZEMAN MT 59715</p> <hr/> <p>PHYSICIAN / CLINICIAN NAME</p> <p>NATIONAL PROVIDER IDENTIFIER (NPI)</p>
MTPHL USE ONLY	

TEST(S) REQUESTED INFORMATION			
<p><b>Serology:</b></p> <p><input type="checkbox"/> Tick Borne Disease Panel + Lyme</p> <p><input type="checkbox"/> Tick Borne Disease Panel</p> <p><input type="checkbox"/> Hepatitis Acute Panel</p> <hr/> <p><input type="checkbox"/> Blood Lead</p> <p><input type="checkbox"/> Brucella Antibody</p> <p><input type="checkbox"/> CTFV IgG Serology</p> <p><input type="checkbox"/> Hantavirus IgG &amp; IgM Serology</p> <p><input type="checkbox"/> Herpes Simplex Virus IgG Serology</p> <p><input type="checkbox"/> HIV Ab/Ag Combo with Reflex Confirmation</p> <p><input type="checkbox"/> Legionella IgG Serology</p> <p><input type="checkbox"/> Lyme Total Abs with Reflex Confirmation</p> <p><input type="checkbox"/> Mumps IgG Serology</p> <p><input type="checkbox"/> Q Fever IgG Serology</p> <p><input type="checkbox"/> RMSF IgG Serology</p> <p><input type="checkbox"/> Rubella IgG Antibody</p> <p><input type="checkbox"/> Rubella IgM Antibody</p> <p><input type="checkbox"/> Rubeola (Measles) IgG Antibody</p> <p><input type="checkbox"/> Rubeola (Measles) IgM Antibody</p> <p><input type="checkbox"/> Syphilis Screen with Reflex Confirmation</p> <p><input type="checkbox"/> Syphilis Serology, Quantitative</p> <p><input type="checkbox"/> T. pallidum Ab - Syphilis Confirmation (TP-PA)</p>	<p><input type="checkbox"/> Tularemia Antibody</p> <p><input type="checkbox"/> Varicella Zoster Virus IgG Serology</p> <p><input type="checkbox"/> West Nile Virus IgM Serology</p> <p><input type="checkbox"/> West Nile Virus IgG Serology</p> <hr/> <p><input type="checkbox"/> QuantiFERON Gold In-Tube Testing</p> <hr/> <p><input type="checkbox"/> Hepatitis B Surface Antigen</p> <p><input type="checkbox"/> Hepatitis B Surface Antibody</p> <p><input type="checkbox"/> Hepatitis B Total Core Antibody</p> <p><input type="checkbox"/> Hepatitis B Core IgM Antibody</p> <p><input type="checkbox"/> Hepatitis A IgM Antibody</p> <p><input type="checkbox"/> Hepatitis C Ab with Reflex, as needed</p>	<p><b>Virus Culture:</b></p> <p><input type="checkbox"/> Herpes Simplex Virus Isolation</p> <p><input type="checkbox"/> Varicella Zoster Virus Isolation</p> <p><input type="checkbox"/> Cytomegalovirus Isolation</p> <p><input type="checkbox"/> Respiratory Virus Isolation</p> <p><input type="checkbox"/> Enteric Virus Isolation</p> <p><input type="checkbox"/> CNS Virus Isolation</p> <p><input type="checkbox"/> Virus Isolation (Other)</p> <hr/> <p><b>Nucleic Acid Amplification:</b></p> <p><input type="checkbox"/> Chlamydia and Gonorrhea (APTIMA)</p> <p><input type="checkbox"/> Chlamydia Only (APTIMA)</p> <p><input type="checkbox"/> Gonorrhea Only (APTIMA)</p> <p><input type="checkbox"/> Trichomonas PCR</p> <hr/> <p><input type="checkbox"/> Adenovirus PCR</p> <p><input type="checkbox"/> Bordetella pertussis multitarget PCR</p> <p><input type="checkbox"/> C difficile/NAP1 PCR</p> <p><input type="checkbox"/> Enterovirus PCR</p> <p><input type="checkbox"/> Herpes Simplex Virus PCR</p> <p><input type="checkbox"/> Influenza A and B PCR</p> <p><input type="checkbox"/> Measles (Rubeola) PCR</p> <p><input type="checkbox"/> Mumps PCR</p> <p><input type="checkbox"/> M. tuberculosis PCR (Direct)</p> <p><input type="checkbox"/> Norovirus PCR</p> <p><input type="checkbox"/> Parainfluenza PCR</p> <p><input type="checkbox"/> RSV and hMPV PCR</p> <p><input type="checkbox"/> Varicella Zoster PCR</p>	<p><b>Sterilizer Monitoring:</b></p> <p><input type="checkbox"/> Autoclave Monitoring-BT Test</p> <hr/> <p><b>Microbiology:</b></p> <p><input type="checkbox"/> Bacteriology Culture/ID, Aerobic</p> <p><input type="checkbox"/> Bacteriology Culture/ID, Anaerobic</p> <p><input type="checkbox"/> BT Agent Rule Out (list in Comments)</p> <p><input type="checkbox"/> Bordetella pertussis Culture/ID</p> <p><input type="checkbox"/> EHEC (STEC) Toxin Test</p> <p><input type="checkbox"/> Enteric Panel Culture, includes EHEC</p> <p><input type="checkbox"/> Campylobacter screen</p> <p><input type="checkbox"/> Vibrio screen</p> <p><input type="checkbox"/> Yersinia screen</p> <p><input type="checkbox"/> Fungus Culture/ID</p> <p><input type="checkbox"/> Legionella Direct Detection</p> <p><input type="checkbox"/> Legionella Culture/ID</p> <p><input type="checkbox"/> Malaria Screen</p> <p><input type="checkbox"/> Modified Acid Fast Stain</p> <p><input type="checkbox"/> Neisseria gonorrhoeae Culture/ID</p> <p><input type="checkbox"/> Streptococcus Group A Culture Screen</p> <p><input type="checkbox"/> TB Mycobacteria Smear/Culture/ID</p> <p><input type="checkbox"/> Cryptosporidium/Giardia EIA screen</p> <p><input type="checkbox"/> Cryptosporidium/Cyclospora Detection</p> <p><input type="checkbox"/> Ova and Parasite Exam</p>
<p><b>Medicaid / Medicare Billing Information:</b></p> <p style="text-align: center;">MEDICAID ( ) or MEDICARE ( ) NUMBER</p> <p><input type="checkbox"/> Inpatient    <input type="checkbox"/> Outpatient</p> <hr/> <p>PRIMARY PAYOR      ICD DIAGNOSIS CODE</p> <p><input type="checkbox"/> Bill MEDICAID    <input type="checkbox"/> Bill MEDICARE</p> <hr/> <p>SPECIMEN COLLECTION DATE</p> <p style="text-align: right;">For QFT-Gold IT: Time Collected:</p> <hr/> <p>DATE OF ONSET</p> <p style="text-align: right;">Have specimens been incubated for 16 - 24 hours? Yes    No</p>		<p><b>Test(s) Requested (If Not Listed) / Pertinent Information / Symptoms / Travel History / Comments</b></p> <hr/> <p><b>SPECIMEN SOURCE</b></p> <p><input type="checkbox"/> NP Swab                      <input type="checkbox"/> Throat Swab                      <input type="checkbox"/> CSF</p> <p><input type="checkbox"/> Stool                              <input type="checkbox"/> Cervical Swab                      <input type="checkbox"/> Urethral Swab</p> <p><input type="checkbox"/> Bronchial Washings              <input type="checkbox"/> Pleural Fluid                      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Sputum                              <input type="checkbox"/> Urine                                      <input type="checkbox"/> Lesion Swab (Specify)</p> <p><input type="checkbox"/> Acute Serum                      <input type="checkbox"/> Convalescent Serum              <input type="checkbox"/> Serum Screen Only</p> <p><input type="checkbox"/> EDTA Blood</p> <p><input type="checkbox"/> Stimulated Plasma (QFTassay)</p>	

