MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Public Health Laboratory Request Form

PATIENT INFORMATION

LAST NAME

FIRST NAME

PATIENT ID #

PATIENT ADDRESS

PATIENT CITY OF RESIDENCE

STATE

ZIP CODE

DATE OF BIRTH

GENDER

Male

Female

TEST(S) REQUESTED INFORMATION

Serology:

☐ Tick Borne Disease Panel + Lyme

☐ Tick Borne Disease Panel

☐ Hepatitis A Panel

☐ Blood Lead

☐ Brucella Antibody

☐ CTPV IgG Serology

☐ Hanavirus IgG & IgM Serology

☐ Herpes Simplex Virus IgG Serology

☐ HIV Ab/Ag Combo with Reflex Confirmation

☐ Legionella IgG Serology

☐ Lyme Total Abs with Reflex Confirmation

☐ Mumps IgG Serology

☐ Q Fever IgG Serology

☐ RMSF IgG Serology

☐ Rubella IgG Antibody

☐ Rubella IgM Antibody

☐ Rubella (Measles) IgG Antibody

☐ Rubella (Measles) IgM Antibody

☐ Syphilis Screen with Reflex Confirmation

☐ Syphilis Serology, Quantitative

☐ T. pallidum Ab - Syphilis Confirmation (TP-PA)

☐ Tularemia Antibody

☐ Varicella Zoster Virus IgG Serology

☐ West Nile Virus IgM Serology

☐ West Nile Virus IgG Serology

☐ QuantIFERON Gold In-Tube Testing

☐ Hepatitis B Surface Antigen

☐ Hepatitis B Surface Antibody

☐ Hepatitis B Total Core Antibody

☐ Hepatitis B Core IgM Antibody

☐ Hepatitis A IgM Antibody

☐ Hepatitis C Ab with Reflex, as needed

Survelliance Cultures:

☐ ESBL Confirmation

☐ GC Confirmation/Susceptibility

☐ Influenza Confirmation

☐ MRSA Confirmation

☐ Salmonella/Shigella/E. coli/Campy

☐ VRE Confirmation

☐ Other Surveillance Confirmation

Chlamydia Culture:

☐ Chlamydia Culture

☐ Varicella Zoster Virus Isolation

☐ Cytomegalovirus Isolation

☐ Respiratory Virus Isolation

☐ Enteric Virus Isolation

☐ CNS Virus Isolation

☐ Virus Isolation (Other)

☐ Chlamydia and Gonorrhea (APTIMA)

☐ Gonorrhea Only (APTIMA)

☐ Trichomiasa PCR

☐ Adenovirus PCR

☐ Bordetella pertussis multigena PCR

☐ C difficile/NAP-1 PCR

☐ Enterovirus PCR

☐ Herpes Simplex Virus PCR

☐ Influenza A and B PCR

☐ Measles (Rubella) PCR

☐ Mumps PCR

☐ M. tuberculosis PCR (Direct)

☐ Norovirus PCR

☐ Parainfluenza PCR

☐ RSV and hMPV PCR

☐ Varicella Zoster PCR

Sterilizer Monitoring:

☐ Autoclave Monitoring-BT Test

Microbiology:

☐ Bacteriology Culture/ID, Aerobic

☐ Bacteriology Culture/ID, Anaerobic

☐ BT Agent Rule Out (list in Comments)

☐ Bordetella pertussis Culture/ID

☐ EHEC (STEC) Toxin Test

☐ Enteric Panel Culture, includes EHEC

☐ Campylobacter screen

☐ Vibrio screen

☐ Yersinia screen

☐ Fungus Culture/ID

☐ Legionella Direct Detection

☐ Legionella Culture/ID

☐ Malaria Screen

☐ Modified Acid Fast Stain

☐ Neissera gonorrhoeae Culture/ID

☐ Streptococcus Group A Culture Screen

☐ TB Mycobacteria Smear/Culture/ID

☐ Cryptosporidium/Giardia EIA screen

☐ Cryptosporidium/Cyclospora Detection

☐ Ova and Parasite Exam

Test(s) Requested (If Not Listed) / Pertinent Information / Symptoms / Travel History / Comments

SPECIMEN SOURCE

☐ NP Swab

☐ Throat Swab

☐ CSF

☐ Urethral Swab

☐ Stool

☐ Cervical Swab

☐ Other

☐ Bronchial Washings

☐ Pleural Fluid

☐ Lesion Swab (Specify)

☐ Sputum

☐ Urine

☐ Acute Serum

☐ Convalescent Serum

☐ Serum Screen Only

☐ EDTA Blood

☐ Stimulated Plasma (QFtestassay)

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