OKLAHOMA State Department of Health

Oklahoma State Department of Health
Public Health Laboratory
Test Requisition Form

4615 W Lakeview Rd, Stillwater, OK 74075-0802
Tel: (405)564-7750; Fax: (405) 900-7611
Email: PublicHealthLab@health.ok.gov

CLIA #: 37D0656594

CLIA Certificate OSDH Public Health Lab

Test Directory: OSDH PHL Test Directory

Patient Information. *Please, Type or PRINT;* ***indicates required fields***

Name* *(last)*_____ *(first)*_____ *(initial)*_____ DOB*____/____/_____

Address*_____ City*_____ State*_____ Zip*_____ Phone #*_____

Sex:* ☐ M ☐ F Assigned Unique Identifier (*if applicable*): _____

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown

Race: ☐ White ☐ Black/African American ☐ Asian ☐ Other

(mark all applicable) ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaska Native

Submitter Information

Practitioner Name**(last)* _____ *(first)*_____ *(initial)*____ NPI _____

Facility Name*_____ Phone # ( ) - Fax # ( ) -

Address*_____ City*_____ State_____ Zip*_____

Clinical Information

Diagnosis _____ Onset *(mm-dd-yy)*____/____/_____

Antibiotics *(list with start dates)* _____

*Testing is subject to CLIA regulations and requires two unique patient identifiers on the specimen container. All patient identifiers on this form MUST match exactly those provided on the specimen container. Any discordance will result in specimen being deemed unsatisfactory for testing.

Specimen Information

Collection Date* *(mm-dd-yy)*____/____/_____ Time *(hour:minute)*_____ ☐ AM ☐ PM By _____

Source: (circle one) **Specimen** **Isolate**				*** Select Type Below and add site information in the box provided**			
☐ **Abscess**	☐ **Blood**	☐ **Bronchial Wash**	☐ **Eye:** L R	☐ **Oropharynx**	☐ **Rectum**	☐ **Stool**	☐ **Urine**
☐ **BAL**	☐ **Bone marrow**	☐ **Cervix**	☐ **Gastric Lavage**	☐ **Pericardial fluid**	☐ **Serum**	☐ **Synovial fluid**	☐ **Vagina**
☐ **Biopsy-sterile**	☐ **Blood smear**	☐ **CSF**	☐ **Nasal Wash**	☐ **Peritoneal fluid**	☐ **Sputum, expect.**	☐ **Tissue**	☐ **Wound**
☐ **Biopsy-Wound**	☐ **Bronchial brush**	☐ **Environmental**	☐ **Nasopharynx**	☐ **Pleural fluid**	☐ **Sputum, induced**	☐ **Tracheal aspirate**	☐ **Other**
Site Location/Description (if applicable):							

Test Request (*mark only one*)

Microbiology: Pure Isolate for Identification / Confirmation / Serotyping		**Molecular Microbiology**	
☐	***Aeromonas* species**	☐	**Bordetella, PCR** (Contact Epidemiology for approval)
☐	***Campylobacter* species**	☐	**Shiga-Toxin Producing *Escherichia coli* (STEC), PCR**
☐	***Corynrbacterium diptheriae / ulcerans*** - Complete Supplemental Form	**Molecular Virology**	
☐	***Escherichia coli* O 157**	☐	**Arbovirus Detection, PCR** (Contact Epidemiology for approval)
☐	**Enteric Isolate Identification** - Complete Supplemental Form	☐	**COVID-19, PCR**
☐	**Environmental bacterial culture** – Contact the lab	☐	**Influenza Virus A and B, PCR**
☐	***Haemophilus influenzae*** (sterile isolates)	☐	**Influenza Virus Subtyping** (hospitalized patients only)
☐	***Legionella* species**	☐	**Measles Virus, PCR** (Contact Epidemiology for approval)
☐	***Listeria monocytogenes*** (sterile isolates)	☐	**Mumps Virus, PCR** (Contact Epidemiology for approval)
☐	***Neisseria meningitidis*** (sterile isolates)	☐	**Non-Variola Orthopxvirus, PCR** - Contact the lab
☐	**Salmonella species** – List Serogroup (If Known):_____	**Multiplex PCR**	
☐	**Vibrionaceae Family** (*vibrio* spp., Grimontia spp. *Photobacterium* spp.,other)	☐	**Gastrointestinal pathogen Panel** (Cary-Blair Medium only)
☐	***Yersinia* species** (not pestis)	☐	**Respiratory Pathogen Panel**
		Mycobacteriology / Mycology	
Antibiotic Resistance Confirmation		☐	***Candida auris*, PCR**
☐	**Carbapenem resistant *Acinetobacter sp.*** - Complete Supplemental Form	☐	**Fungal isolate, Identification** (plate or slant with visible growth)
☐	**Carbapenem resistant *Enterobacteriaceae*** - Complete Supplemental Form	☐	**Mycobacteria (AFB)**, smear and culture with reflex to identification
☐	**Carbapenem resistant *P. aeruginosa*** - Complete Supplemental Form	☐	**Mycobacteria (AFB)**, isolate identification
Suspect BT Organism / Highly Hazardous Communicable Disease Call the 24/7 PHL Hotline (405) 406-3511, prior to submitting a select agent for rule-out-testing. Include all biochemical results on the Supplemental Form			
		Parasitology (blood)	
☐	***Bacillus anthracis***	☐	**Babesia/trypanosomes/filariae** (stained blood smears, 1 thick, 1 thin)
☐	***Brucella* species**	☐	**Malaria** (stained blood smears, 1 thick, 1 thin and EDTA blood >2ml)
☐	***Burkholderia* species**	**STI / Venereal Diseases**	
☐	***Coxiella burnetii***	☐	**C. Trachomatis / N. gonorrhoeae (CTGC), NAAT**
☐	**Ebola Virus**	☐	**HIV, HIV-1/2 ab and HIV-1 ag** (2ml serum) Approved Submitters Only
☐	***Francisella tularensis***	☐	**Syphilis, antibodies** (2ml serum) treponemal screen to RPR reflex
☐	**Marburg Virus**	☐	**HIV and Syphilis** (2ml serum) Approved Submitters Only
☐	**Smallpox**	☐	**Human papillomavirus (HPV)** High Risk, Residual ThinPrep (1ml)
☐	***Yersinia pestis***		
☐	**Other:**_____		
Other (Write Description of Test – Contact Lab for Approval)			
☐	Test:_____		