NH PUBLIC HEALTH LABORATORIES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
29 Hazen Drive, Concord, NH 03301
Telephone: 603-271-4661, Fax: 603-271-4783

CLINICAL LABORATORY TEST REQUISITION

SUBMITTER INFORMATION - Please Print Legibly

Facility Code: __ __ __ __ __

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Physician (Full Name): _____

Physician Medicaid License #: _____

PATIENT INFORMATION - Please Print Legibly

NOTE: *Lead specimens also need Address, Parent (if a child), Race & Ethnicity
Medicaid patients need City, Medicaid #, ICD-9 Code

Last Name: _____

First Name: _____

D.O.B: _____ Age: _____ Sex: M F
M M / D D / Y Y

Address: _____

City: _____ State: _____ Zip: _____

Patient Tel #: _____

Parent/Guardian: _____

Patient Medicaid #: __ __ __ __ __ __ __ __ __ __ __

ICD-9 CM Code: __ __ __ __ __

Race: _____ Ethnicity: _____

ID #: _____

SPECIMEN INFORMATION

DATE of specimen collection: _____

TIME of specimen collection: _____ AM PM

SITE/SOURCE of Specimen (please check):

- — Serum
- — Capillary Whole Blood
- — Venous Whole Blood
- — Sputum
- — Induced Sputum
- — Bronchial Washing
- — CSF
- — Cervix
- — Nasopharyngeal
- — Oral Fluid
- — Rectal
- — Stool
- — Throat
- — Urethra
- — Urine

___Tissue _____ (Specify)

___Fluid _____ (Specify)

___Other _____ (Specify)

Lab Use Only
___ Clinical Spec
___ Isolate
___ Swab
___ SST
___ Transfer Tube
___ Viral Transport

TEST LIST

NOTE: Ab=Antibody
Ag=Antigen

LEAD*
- Lead, Blood
- EP/ZPP, Blood

CHEMISTRY - OTHER
- Arsenic, Urine
- Mercury, Urine

BACTERIAL CULTURE
- Aerobic
- Anaerobic
- Antibiotic Susceptibilities
- Bacterial ID: _____
  Aerobic or Anaerobic
- Enteric Culture
  - o Screen (Salm, Shig)
  - o Full (Salm, Shig, Campy, Aero, Plesio, EHEC, Yersinia)
  - o Special: _____
- EPI Study: _____
- Shiga-like Toxins

CHLAMYDIA
- Amplified
- Culture

GONORRHEA
- Amplified
- Culture
- Confirmation

HEPATITIS
- A IgM Ab
- A Total Ab
- B Core IgM Ab
- B Core Total Ab
- B Surface Ab
- B Surface Ag
- C Ab - Screen

HIV
- HIV 1/2/Group O - Screen
- HIV Western Blot

LEGIONELLA
- Culture
- DFA
- Urinary Ag

MYCOBACTERIA
- TB(AFB) Smear/Culture
- TB Susceptibilities
- Mycobacteria ID

MYCOLOGY
- Cryptococcal Ag
- Fungal Culture
- Fungal Susceptibilities
- Mold ID
- Yeast ID

PARASITOLOGY◆
- ◆Travel history_____
- Blood Parasite
- Cryptosporidium
- Giardia
- Cyclospora/Isospora/ Sarcocystis
- Microsporidium
- Ova and Parasites
- Pneumocystis DFA

PERTUSSIS
- Culture
- PCR

OTHER
- Arbovirus (WNV, EEE, SLE)
- Herpes 1&2 IgG Ab
- Influenzae - PCR/Culture
- Lyme - Screen
- Lyme - Confirmation
- Measles (Rubeola) IgG
- Measles (Rubeola) IgM
- Mumps IgG
- Norovirus (Norwalk)
- Rubella IgG
- Rubella IgM
- Varicella zoster IgG

SYPHILIS
- RPR – Qual - Screen
- RPR – Quan - Titer
- TP-PA
- VDRL

VIRAL CULTURE
- CMV
- Enterovirus
- Herpes
- Mumps
- Respiratory
- Varicella
- Other_____

PHL LAB USE ONLY

Other Test Requested or Additional Comments and Remarks: _____ 11/07