



NH PUBLIC HEALTH LABORATORIES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CLINICAL LABORATORY TEST REQUISITION

http://www.dhhs.nh.gov/dphs/lab/documents/labrequisition.pdf

PHL Barcode Only

Please check if specimen is a(n):

- STATE REQUESTED TEST - Approved by:
OUTBREAK INVESTIGATOR - Outbreak Comments:

SUBMITTER INFORMATION - Please Print Legibly

Submitter Facility Name:
Address:
City: State: Zip:
Telephone No.: Fax No.:
Physician (Full Name):
OTHER Report to:
National Provider Identifier #:

PATIENT INFORMATION - Please Print Legibly

NOTE: All specimens MUST have Date of Birth and Date of Collection;
Medicaid patients need Medicaid # and ICD (Diagnosis) Code for billing purposes

Last Name:
First Name:
D.O.B: Age: Sex: M F
Address:
City: State: Zip:
Patient Tel #:
Patient Medicaid #: State: NH
ICD - 10 Diagnosis (DX) Code:
Race (Circle One): WHITE BLACK ASIAN NATIVE-American/Alaskan
MULTIRACIAL HAWAIIAN/PACIFIC ISLANDER UNKNOWN OTHER
Ethnicity (Circle One): NON-HISPANIC HISPANIC UNKNOWN
Patient ID #:

SPECIMEN INFORMATION: DATE of collection:
TIME of collection:

SITE/SOURCE of Specimen (please check):

- Serum Rectal
Whole Blood Stool
Sputum Throat
Induced Sputum Urethra
Bronchial Washing Urine
CSF Other (Specify)
Cervix Tissue (Specify)
Nasopharyngeal Fluid (Specify)

Date of Onset of Symptoms:

*PATIENT TRAVEL HISTORY: (Please supply date(s) and location)

TEST LIST

EPIDEMIOLOGY STUDY
(Isolate or specimen)

- R/O Bacillus anthracis
R/O Brucella spp
R/O Burkholderia spp
R/O Bacillus cereus
R/O Francisella tularensis
R/O Yersinia pestis
Bacillus cereus
B. pertussis
Campylobacter spp
Carbapenem Resistant Org (CRO)
C. botulinum/tetani
C. diphtheriae
Cryptosporidium
EHEC/Shiga-like toxin
H. influenzae
Legionella spp
Listeria spp
M. tuberculosis
N. gonorrhoeae
N. meningitidis
Plasmodium/Babesia
Salmonella spp
Shigella spp
Strep. pneumoniae
Vibrio spp
Yersinia spp

BACTERIAL CULTURE/ISOLATE ID

- Aerobic
Anaerobic
Antimicrobial Susceptibility
Enteric Culture
Screen (Salm, Shig only)
Full (Salm, Shig, Campy, Aero, Plesio, EHEC, Yersinia)
Isolate ID:
Other:

CHEMISTRY

- Arsenic, Urine
Mercury, Blood

CHLAMYDIA

- Amplified
Culture

GONORRHEA

- Amplified
Culture

HEPATITIS

- A IgM Ab
A Total Ab
B Core IgM Ab
B Core Total Ab
B Surface Ab
B Surface Ag
C Ab - Screen
C Genotyping
C RNA Quantitative

HIV

- HIV Ag/Ab Combo
HIV-1/2/Group O - Screen (Decedent only)

NOTE: Ab = Antibody Ag = Antigen

MYCOBACTERIA (AFB) (TB)

- NAA Direct Test (Sputa specs only)
Culture & Smear
Mycobacteria ID

LEGIONELLA

- Culture
DFA

MYCOLOGY

- Cryptococcal Ag
Fungal Culture
Mold ID
Yeast ID

PARASITOLOGY*

- Blood Parasite*

PERTUSSIS

- Culture
PCR

SYPHILIS

- RPR - Qual - Screen
RPR - Quant - Titer
TP-PA
VDRL (CSF only)

VIRUS CULTURE (ONLY)

- Enterovirus
Herpes
Mumps
Respiratory
Varicella-Zoster
Other:

VIRUS TESTING

- Arbovirus IgM
Chikungunya RT-PCR
Herpes 1&2 IgG Ab
Measles (Rubeola) IgG
Measles (Rubeola) IgM
Measles RT-PCR
Mumps IgG
Mumps RT-PCR
Norovirus RT-PCR
Respiratory Panel (Amplified)
Rubella IgG
Rubella IgM
Varicella-Zoster DFA
Varicella-Zoster IgG
Zika*
Pregnancy Status: Y N
Other:

PHL LAB USE ONLY