



LABORATORY TEST REQUEST FORM
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF MICROBIOLOGY
 SFN 5826 (Rev. 01-2003)

• FOR LABORATORY USE •

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Patient's Name (Last) SAMPLE (First) JOE (MI) P

Patient's Address My Lane Date of Birth 01 | 01 | 1988 Sex Male Female Race/Ethnicity WH/NT
 City Somewhere State ND Zip Code 58500 Medicaid/Medicare Number

FACILITY Hospital One Customer Code A | B | C
 Address Somewhere State ND Zip Code 58500 Telephone Number 701-222-2222
 Physician's Name (Last, First) Dr. Bob Nile UPIN Number

SPECIMEN DATA Type/Source serum 1st Specimen 2nd Specimen Date of Collection 9 | 9 | 10

PATIENT DATA Disease Suspected WNV infection Date of Onset 9 | 1 | 10

Principal Symptoms fever, rash, headache, stiff neck Fever (Over 100°) 101.2 Rash YES NO

Hospitalization YES NO Recent Immunizations (Specify) Date of Immunization | |

<input type="checkbox"/> (VIC) Adenovirus Culture <input type="checkbox"/> (WSI) Arbovirus Encephalitis Panel (Seasonal)* <input type="checkbox"/> (REC) Aerobic Culture ID (Submit Isolate) <input type="checkbox"/> (REA) Anaerobic Culture ID (Submit Isolate) <input type="checkbox"/> (REC) <i>Bacillus anthracis</i> Culture <input type="checkbox"/> (PAM) <i>Bordetella pertussis</i> Amplified Probe* <input type="checkbox"/> (AGG) Brucella Antibody* <input type="checkbox"/> (REC) Brucella Culture <input type="checkbox"/> (CUL) Campylobacter Culture <input type="checkbox"/> (CAC) Campylobacter Confirmation (Submit Isolate) <input type="checkbox"/> (CHI) <i>Chlamydia trachomatis</i> Antibody, IgM <input type="checkbox"/> (CHD) <i>Chlamydia trachomatis</i> DFA <input type="checkbox"/> (AMP) <i>Chlamydia trachomatis/Neisseria gonorrhoeae</i> Nucleic Acid Amplified Probe <input type="checkbox"/> (DIC) <i>Corynebacterium diphtheriae</i> Culture <input type="checkbox"/> (CMV) Cytomegalovirus Antibody, IgM <input type="checkbox"/> (CMC) Cytomegalovirus Culture <input type="checkbox"/> (ENP) Encephalitis Panel* <input type="checkbox"/> (ENT) Enterovirus Culture <input type="checkbox"/> (E-B) Epstein-Barr Antibody, IgM* <input type="checkbox"/> (CUL) <i>Escherichia coli</i> O157:H7 Culture <input type="checkbox"/> (ECS) <i>Escherichia coli</i> O157:H7 Serotyping <input type="checkbox"/> (FTA) Fluorescent Treponema Antibody (FTA-ABS) <input type="checkbox"/> (TUL) <i>Francisella tularensis</i> Antibody* <input type="checkbox"/> (REC) <i>Francisella tularensis</i> Culture <input type="checkbox"/> (FUS) Fungal Antibody Panel* <input type="checkbox"/> (FUC) Fungal Culture <input type="checkbox"/> (FNS) Fungal Smear <input type="checkbox"/> (HIS) <i>Haemophilus influenzae</i> Serotyping <input checked="" type="checkbox"/> Hantavirus Antibody (Use Hantavirus Form) <input type="checkbox"/> (HAB) Hepatitis A & B Panel <input type="checkbox"/> (HEA) Hepatitis A Antibody, IgM*	<input type="checkbox"/> (HSC) Hepatitis A, B & C Panel <input type="checkbox"/> (HCB) Hepatitis B & C Panel <input type="checkbox"/> (HBC) Hepatitis B Core Antibody (Anti-HBc) <input type="checkbox"/> (HBI) Hepatitis B Surface Antibody Immune Status (Anti-HBs) <input type="checkbox"/> (HBS) Hepatitis B Surface Antigen (HBsAg) <input type="checkbox"/> (HBB) Hepatitis B Surface Antigen (HBsAg) & Hepatitis B Core Antibody (Anti-HBc) <input type="checkbox"/> (HCV) Hepatitis C Antibody (Anti-HCV)* <input type="checkbox"/> (HEI) Herpes Simplex Virus Antibody, IgM* <input type="checkbox"/> (HEC) Herpes Simplex Virus Culture <input checked="" type="checkbox"/> HIV-1 Antibody (Use HIV Form) <input type="checkbox"/> (INC) Influenza Virus Type A & B Culture <input type="checkbox"/> (INH) Influenza Virus Type A & B Antibodies, Hemmagglutination Inhibition* <input type="checkbox"/> (LEI) <i>Legionella pneumophila</i> Antibody* <input type="checkbox"/> (LEC) <i>Legionella pneumophila</i> Culture Confirm. <input type="checkbox"/> (LCD) <i>Legionella pneumophila</i> Culture & DFA <input type="checkbox"/> (LED) <i>Legionella pneumophila</i> DFA <input type="checkbox"/> (LYD) Lyme Disease Antibody* <input type="checkbox"/> (O-P) Malarial Thick and Thin Blood Smears <input type="checkbox"/> (RUE) Measles Virus Antibody, IgM* <input type="checkbox"/> (VIC) Measles Virus Culture <input type="checkbox"/> (MUI) Mumps Virus Antibody, IgM* <input type="checkbox"/> (MUC) Mumps Virus Culture <input type="checkbox"/> (TBC) Mycobacteria Culture (TB) & Smear <input type="checkbox"/> (MTD) Mycobacteria Direct Probe (Amplified)* <input type="checkbox"/> (SUS) Mycobacteria Susceptibility <input type="checkbox"/> (MYI) <i>Mycoplasma pneumoniae</i> Antibody, IgM* <input type="checkbox"/> (GCC) <i>Neisseria gonorrhoeae</i> Culture <input type="checkbox"/> (NMS) <i>Neisseria meningitidis</i> Serogrouping <input type="checkbox"/> (O-P) Ova and Parasites	<input type="checkbox"/> (VIC) Parainfluenza Virus Types 1,2,3, Culture <input type="checkbox"/> (HBS) Prenatal Hepatitis B Surface Antigen (HBsAg) <input type="checkbox"/> (QFV) Q Fever Antibody* <input type="checkbox"/> (RSV) Respiratory Syncytial Virus Antibody, IgM (infants to 2 yrs) * <input type="checkbox"/> (VIC) Respiratory Syncytial Virus Culture (infants to 2 yrs) <input type="checkbox"/> (RMS) Rocky Mountain Spotted Fever Antibody* <input type="checkbox"/> (RUB) Rubella Virus Antibody, IgM* <input type="checkbox"/> (VIC) Rubella Virus Culture <input type="checkbox"/> (SAS) Salmonella Serotyping <input type="checkbox"/> (SHS) Shigella Serotyping <input type="checkbox"/> (RPR) Syphilis Screen <input type="checkbox"/> (GAS) Throat Culture <input type="checkbox"/> (TOS) TORCH Antibodies Panel, IgM (Newborn)* <input type="checkbox"/> (TOX) <i>Toxoplasma gondii</i> Antibody, IgM* <input type="checkbox"/> (TYP) Typhus Antibody* <input type="checkbox"/> (V-Z) Varicella-Zoster Virus Antibody, IgM* <input type="checkbox"/> (VIC) Varicella-Zoster Virus Culture <input type="checkbox"/> (REC) Vibrio Culture <input type="checkbox"/> (VDR) VDRL (CSF) <input type="checkbox"/> (REC) Yersinia Culture <input checked="" type="checkbox"/> <u>West Nile Virus test</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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*Patient data required