



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

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• FOR LABORATORY USE •

Patient's Name (Last) SAMPLER (First) JOE (MI)

Patient's Address my Lane Ave Date of Birth 01/01/2007 Sex Male Female Race/Ethnicity White/NH
 City Somewhere State ND Zip Code 58500 Medicaid/Medicare Number

FACILITY Hospital A Customer Code AIBIC
 Address Somewhere State ND Zip Code 58500 Telephone Number 701-222-3333
 Physician's Name (Last, First) Dr. Nile UPIN Number

SPECIMEN DATA Type/Source Serum 1st Specimen 2nd Specimen Date of Collection 7/7/07

PATIENT DATA Disease Suspected WNV Enceph. Date of Onset 7/1/07
 Principal Symptoms Stiff neck, fever, confusion Fever (Over 100°) 101.2 Rash YES NO
 Hospitalization YES NO Recent Immunizations (Specify) Date of Immunization | |

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| <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) <i>Campylobacter</i> Culture
<input type="checkbox"/> (CAC) <i>Campylobacter</i> 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"/> (GOC) <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) <i>Yersinia</i> Culture
<input checked="" type="checkbox"/> WNV TEST |
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*Patient data required

WHITE COPY - Public Health Lab

YELLOW COPY - Customer