



NH PUBLIC HEALTH LABORATORIES
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 29 Hazen Drive, Concord, NH 03301
 Telephone: 603-271-4661, Fax: 603-271-2138
CLINICAL LABORATORY TEST REQUISITION

SUBMITTER INFORMATION - Please Print Legibly

Submitter Facility Code: _____
 Submitter Facility Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone No.: _____ Fax No.: _____
 Physician (Full Name): _____
 National Provider Identifier #: _____
 VT Medicaid Provider #: _____

PATIENT INFORMATION - Please Print Legibly

NOTE: All specimens MUST have Date of Birth and Date of Collection
 Medicaid patients need Medicaid #, ICD-9 (Diagnosis) Code for billing purposes

Last Name: _____
 First Name: _____
 D.O.B: _____ Age: _____ Sex: M F
 MM/DD/YY
 Address: _____
 City: _____ State: _____ Zip: _____
 Patient Tel #: _____
 Patient Medicaid #: _____ State: __NH__VT
 ICD-9 CM / Diagnosis (DX) Code: _____
 Race: WHITE BLACK ASIAN NATIVE-American/Alaskan MULTIRACIAL
 HAWAIIAN/PACIFIC ISLANDER UNKNOWN OTHER
 Ethnicity: NON-HISPANIC HISPANIC UNKNOWN
 ID #: _____

SPECIMEN INFORMATION

DATE of specimen collection: _____
 TIME of specimen collection: _____ AM PM

SITE/SOURCE of Specimen (please check):

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

Lab Use Only

____ Clinical Spec ____ EDTA ____ Isolate ____ Slides
 ____ SST ____ Swab ____ Transfer Tube ____ Viral Transport

TEST LIST

**NOTE: Ab=Antibody
 Ag=Antigen**

CHEMISTRY

- 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/Confirmation: _____
- R/O: _____
- 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
- C Genotyping

HIV

- HIV 1/2/Group O - Screen
- HIV Western Blot - (Confirmation)

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

OUTBREAK INFO:

_____ Check here if part of an outbreak.
 Outbreak comments: _____

PARASITOLGY •

- ♦ Travel history _____
- Blood Parasite
- Cryptosporidium
- Giardia
- Cyclospora/Isospora/Sarcocystis
- Microsporidium
- Ova and Parasites
- Pneumocystis DFA

PERTUSSIS

- Culture
- PCR

MISCELLANEOUS

- Arbovirus (WNV, EEE, SLE)
- Herpes 1&2 IgG Ab
- Influenza - 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 - Quant - Titer
- TP-PA
- VDRL (CSF only)

VIRAL CULTURE (ONLY)

- Cytomegalovirus
- Enterovirus
- Herpes
- Mumps
- Respiratory
- Varicella-Zoster
- Other _____

PHL LAB USE ONLY