



FOR LAB USE ONLY

Bureau of Public Health Laboratories

Patient Information

Local Patient Identifier(Chart, Jail, Prison ID, etc.): _____

Last Name: _____ First Name: _____ MI: _____

DOB (MM/DD/YYYY): _____ County: _____

SSN: _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Race: _____ Ethnicity: _____

Parent/Guardian Name: _____

Specimen Collection Date:

Health Care Provider Information

HCP/DAU Number: _____

Provider Name: _____ Physician UPIN: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Name: _____ Phone: _____

Insurance Information

Medicare #: _____ Medicaid #: _____

HMO/Ins Name #: _____ MediPass #: _____

ICD9 Diagnosis Codes: _____

Programs: _____ Special Project ID: _____ Program Component: _____

Note: For more information or to see a complete list of available tests, visit www.doh.state.fl.us/lab

SEROLOGY

Circle Specimen Type(s): Blood Serum Urine Cervical Urethral Other _____

- 0430 Amplified GC/CT
- 0380 Chronic Hepatitis Panel (HBsAg, HBsAb, HBcAb, HAVAb, HCVAb)
- 0390 HCV RNA NAAT
- 0350 Hepatitis A Total Ab (HAVAb)
- 0360 Hepatitis A IgM
- 0340 Hepatitis B Panel (Includes HBsAg, HBsAb, HBcAb)
- 0320 Hepatitis BcAb
- 0370 Hepatitis BcAb IgM
- 0310 Hepatitis BsAb
- 0300 Hepatitis BsAg
- 0330 Hepatitis C Antibody Screen (HCVAb)
- 0250 Syphilis screen (RPR) w/Confirmation if Reactive
- 4000 Rubella Screen
- 0240 Syphilis Confirmation EIA (Total Antibody)
- 0210 Syphilis Confirmation FTA-Abs

For HIV-1/2 related services use DH1628

VIROLOGY

Circle Specimen Type(s): CSF Acute Serum Convalescent Serum Stool Swab _____ Other _____
(for swabs indicate specimen source, eg NP, throat, vulva, etc...)

- 1510 Arbovirus Antibody**
- 1670 Arbovirus Culture**
- 1500 Arbovirus IgM**
- 1680 Arbovirus PCR**
- 1540 CMV IgG
- 1870 CNS Panel (Arbovirus/Enterovirus) CSF
- 1500 Dengue**
- 1710 Ehrlichia IgG IFA**
- 1800 Enterovirus Culture
- 1810 Enterovirus PCR*
- 0900 Herpes Simplex Culture
- 0800 Herpes Simplex Smear DFA
- 0836 Herpes Simplex Smear DFA Type 1/2
- 0838 Herpes Simplex Type 1/2 IgG
- 9100 Influenza AB RT-PCR
- 1610 Influenza Culture
- 1714 Lyme**
- 1740 Measles IgG
- 1750 Measles IgM*
- 1755 Measles PCR*
- 1660 Mumps IgG
- 1664 Mumps IgM*
- 1668 Mumps PCR*
- 1830 Norovirus PCR
- 9500 Q Fever*
- 1620 Respiratory Virus Culture
- 1770 Respiratory Virus PCR*
- 1716 Rickettsia (RMSF) IgG**
- 1720 Rubella IgM*
- 1300 Toxoplasma IgG
- 1570 Varicella Zoster IgG
- 0920 Varicella Zoster PCR*
- 0910 Varicella Zoster Smear
- Other: _____

* Tests are only available through prior arrangement with the Virology Laboratory

** Complete the following **Mandatory Information**:

Date of Onset: ____/____/____ Tick Bite? Yes No Mosquito Bites? Yes No

Clinical Symptoms: _____

Recent Travel History (Include Dates): _____

MICROBIOLOGY/PARASITOLOGY

List Specimen Type(s): _____

- 2600 Aerobic Culture, miscellaneous
- 2300 Aerobic Isolate Identification
- 2500 Anaerobic Culture
- 2400 Anaerobic Isolate ID
- 2100 Beta Strep Culture
- 0700 Gonorrhea Culture
- 3000 Legionella Culture
- 2700 Pertussis Smear
- 2800 Pertussis Culture
- 2810 Pertussis PCR
- 1900 Stool Culture
- 2000 Typing, Salmonella
- 1200 Blood Parasite***
- 1000 Intestinal O & P
- 1410 Parasitic Microscopy
- 1400 Parasitic Serology
- 1100 Pinworm Slide

***Provide recent travel history below (Include Dates): _____

MYCOBACTERIOLOGY

Circle Specimen Type(s): CSF Sputum Bronchial Wash Tissue

Other _____
Specimen: Processed Not processed

- 3100 AFB Smear/TB Culture
- 3140 Nucleic Acid Amplification for TB (Real-Time PCR), Respiratory specimens only
- 3200 AFB Culture for Identification (Referred Isolate)
- 3300 TB Drug Susceptibilities (Referred Isolate)

MYCOLOGY

List Specimen Source: _____

- 3500 Mycology Referred Isolate ID
- 3510 Mycology Serology

Comments/ Additional Information: _____



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Programs: _____ Special Project ID: _____ Program Component: _____

Note: For more information or to see a complete list of available tests, visit www.doh.state.fl.us/lab

SEROLOGY

Circle Specimen Type(s): **Blood** **Serum** **Urine** **Cervical**
Urethral **Other** _____

0430 Amplified GC/CT
 0380 Chronic Hepatitis Panel (HBsAg, HBsAb, HBcAb, HAVAb, HCVAb)
 0390 HCV RNA NAAT
 0350 Hepatitis A Total Ab (HAVAb)
 0360 Hepatitis A IgM
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 0330 Hepatitis C Antibody Screen (HCVAb)
 0250 Syphilis screen (RPR) w/Confirmation if Reactive
 4000 Rubella Screen
 0240 Syphilis Confirmation EIA (Total Antibody)
 0210 Syphilis Confirmation FTA-Abs

For HIV-1/2 related services use DH1628

VIROLOGY

Circle Specimen Type(s): **CSF** **Acute Serum** **Convalescent Serum**
Stool **Swab** _____ **Other** _____
 (for swabs indicate specimen source, eg NP, throat, vulva, etc...)

| | |
|---|--|
| 1510 <input type="checkbox"/> Arbovirus Antibody** 1670 <input type="checkbox"/> Arbovirus Culture** 1500 <input type="checkbox"/> Arbovirus IgM** 1680 <input type="checkbox"/> Arbovirus PCR** 1540 <input type="checkbox"/> CMV IgG 1870 <input type="checkbox"/> CNS Panel (Arbovirus/Enterovirus) CSF 1500 <input type="checkbox"/> Dengue** 1710 <input type="checkbox"/> Ehrlichia IgG IFA** 1800 <input type="checkbox"/> Enterovirus Culture 1810 <input type="checkbox"/> Enterovirus PCR* 0900 <input type="checkbox"/> Herpes Simplex Culture 0800 <input type="checkbox"/> Herpes Simplex Smear DFA 0836 <input type="checkbox"/> Herpes Simplex Smear DFA Type 1/2 0838 <input type="checkbox"/> Herpes Simplex Type 1/2 IgG 9100 <input type="checkbox"/> Influenza AB RT-PCR 1610 <input type="checkbox"/> Influenza Culture 1714 <input type="checkbox"/> Lyme** | 1740 <input type="checkbox"/> Measles IgG 1750 <input type="checkbox"/> Measles IgM* 1755 <input type="checkbox"/> Measles PCR* 1660 <input type="checkbox"/> Mumps IgG 1664 <input type="checkbox"/> Mumps IgM* 1668 <input type="checkbox"/> Mumps PCR* 1830 <input type="checkbox"/> Norovirus PCR 9500 <input type="checkbox"/> Q Fever* 1620 <input type="checkbox"/> Respiratory Virus Culture 1770 <input type="checkbox"/> Respiratory Virus PCR* 1716 <input type="checkbox"/> Rickettsia (RMSF) IgG** 1720 <input type="checkbox"/> Rubella IgM* 1300 <input type="checkbox"/> Toxoplasma IgG 1570 <input type="checkbox"/> Varicella Zoster IgG 0920 <input type="checkbox"/> Varicella Zoster PCR* 0910 <input type="checkbox"/> Varicella Zoster Smear Other: _____ |
|---|--|

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Clinical Symptoms: _____

Recent Travel History (Include Dates): _____

MICROBIOLOGY/PARASITOLOGY

List Specimen Type(s): _____

| | |
|--|--|
| 2600 <input type="checkbox"/> Aerobic Culture, miscellaneous 2300 <input type="checkbox"/> Aerobic Isolate Identification 2500 <input type="checkbox"/> Anaerobic Culture 2400 <input type="checkbox"/> Anaerobic Isolate ID 2100 <input type="checkbox"/> Beta Strep Culture 0700 <input type="checkbox"/> Gonorrhea Culture 3000 <input type="checkbox"/> Legionella Culture 2700 <input type="checkbox"/> Pertussis Smear 2800 <input type="checkbox"/> Pertussis Culture 2810 <input type="checkbox"/> Pertussis PCR 1900 <input type="checkbox"/> Stool Culture 2000 <input type="checkbox"/> Typing, Salmonella | 1200 <input type="checkbox"/> Blood Parasite*** 1000 <input type="checkbox"/> Intestinal O & P 1410 <input type="checkbox"/> Parasitic Microscopy 1400 <input type="checkbox"/> Parasitic Serology 1100 <input type="checkbox"/> Pinworm Slide |
|--|--|

***Provide recent travel history below (Include Dates): _____

MYCOLOGY

List Specimen Source: _____

3500 Mycology Referred Isolate ID
 3510 Mycology Serology

Comments/ Additional Information: _____

MYCOBACTERIOLOGY

Circle Specimen Type(s): **CSF** **Sputum** **Bronchial Wash** **Tissue**
Other _____

Specimen: Processed Not processed

3100 AFB Smear/TB Culture
 3140 Nucleic Acid Amplification for TB (Real-Time PCR),
 Respiratory specimens only
 3200 AFB Culture for Identification (Referred Isolate)
 3300 TB Drug Susceptibilities (Referred Isolate)

MYCOLOGY

List Specimen Source: _____

3500 Mycology Referred Isolate ID
 3510 Mycology Serology

Comments/ Additional Information: _____

General Laboratory Inquiries

Bureau of Public Health Laboratories

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Fax: (904) 791-1723

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Miami, FL 33125

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Bureau of Public Health Laboratories

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William G. (Doc) Myers Building
3602 Spectrum Boulevard
Tampa, FL 33612

Telephone: (813) 974-8000
Fax: (813) 974-3425

For After Hours Emergencies or Bio/Chem Terrorism Contact:

866-FLA-LABS (866-352-5227)