



# FOR LAB USE ONLY

**Merlin #** \_\_\_\_\_  
(Obtained from the county health department)

## Bureau of Public Health Laboratories

**Specimen Collection Date:** \_\_\_\_\_

**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: \_\_\_\_\_ Pt phone #: \_\_\_\_\_

**Health Care Provider Information**

HCP/DAU Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Physician UPIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information**

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

MO/Ins Name #: \_\_\_\_\_ MediPass #: \_\_\_\_\_

Special Project ID: \_\_\_\_\_ Program Component: \_\_\_\_\_

ICD9 Diagnosis Codes: \_\_\_\_\_

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

**SEROLOGY**

Circle Specimen Type(s): Urethral Other \_\_\_\_\_

Blood Serum Urine Cervical

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

**VIROLOGY**

Circle Specimen Type(s): CSF Acute Serum Convalescent Serum Urine

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: \_\_\_\_\_

**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): \_\_\_\_\_

\* 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: Rash Fever Joint pain/arthritis Red eyes/Conjunctivitis

Pregnant  Yes  No Gestational age \_\_\_\_\_ (in weeks)

**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:  
 Arbo ZIKA RT-PCR - 1537 Arbo ZIKA IgM ELISA - 1539

Travel outside US  Yes  No (list countries, territories, and dates)

Travel to Miami Dade County  Yes  No

Travel 1mi Wynwood area or other area of local transmission if declared  Yes  No



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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

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## General Laboratory Inquiries

### **Bureau of Public Health Laboratories**

#### **Jacksonville**

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Fax: (904) 791-1723

### **Bureau of Public Health Laboratories**

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Miami, FL 33125

Telephone: (305) 324-2432  
Fax: (305) 325-2560

### **Bureau of Public Health Laboratories**

#### **Tampa**

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)**