



DH1847, 13/05



FOR LAB USE ONLY

Bureau of Public Health Laboratories

Specimen Collection Date:

Patient Information: Local Patient Identifier, Last Name, First Name, MI, DOB, County, SSN, Sex, Street Address, City, State, Zip, Race, Ethnicity, Parent/Guardian Name

Health Care Provider Information: 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. List of tests including Amplified GC/CT, Hepatitis panels, Syphilis screen, etc.

VIROLOGY: Circle Specimen Type(s): CSF, Acute Serum, Convalescent Serum, Stool, Swab, Other. List of tests including Arbovirus, Measles, Mumps, etc.

MICROBIOLOGY/PARASITOLOGY: List Specimen Type(s). List of tests including Aerobic Culture, Blood Parasite, etc.

* Tests are only available through prior arrangement with the Virology Laboratory. ** Complete the following Mandatory Information: Date of Onset, Tick Bite?, etc.

MYCOBACTERIOLOGY: Circle Specimen Type(s): CSF, Sputum, Bronchial Wash, Tissue. List of tests including AFB Smear, etc.

MYCOLOGY: List Specimen Source. List of tests including Mycology Referred Isolate ID, etc.



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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:

ICD9 Diagnosis Codes:

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 #:

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 <input type="checkbox"/> Arbovirus Antibody** | 1740 <input type="checkbox"/> Measles IgG |
| 1670 <input type="checkbox"/> Arbovirus Culture** | 1750 <input type="checkbox"/> Measles IgM* |
| 1500 <input type="checkbox"/> Arbovirus IgM** | 1755 <input type="checkbox"/> Measles PCR* |
| 1680 <input type="checkbox"/> Arbovirus PCR** | 1660 <input type="checkbox"/> Mumps IgG |
| 1540 <input type="checkbox"/> CMV IgG | 1664 <input type="checkbox"/> Mumps IgM* |
| 1870 <input type="checkbox"/> CNS Panel (Arbovirus/Enterovirus) CSF | 1668 <input type="checkbox"/> Mumps PCR* |
| 1500 <input type="checkbox"/> Dengue** | 1830 <input type="checkbox"/> Norovirus PCR |
| 1710 <input type="checkbox"/> Ehrlichia IgG IFA** | 9500 <input type="checkbox"/> Q Fever* |
| 1800 <input type="checkbox"/> Enterovirus Culture | 1620 <input type="checkbox"/> Respiratory Virus Culture |
| 1810 <input type="checkbox"/> Enterovirus PCR* | 1770 <input type="checkbox"/> Respiratory Virus PCR* |
| 0900 <input type="checkbox"/> Herpes Simplex Culture | 1716 <input type="checkbox"/> Rickettsia (RMSF) IgG** |
| 0800 <input type="checkbox"/> Herpes Simplex Smear DFA | 1720 <input type="checkbox"/> Rubella IgM* |
| 0836 <input type="checkbox"/> Herpes Simplex Smear DFA Type 1/2 | 1300 <input type="checkbox"/> Toxoplasma IgG |
| 0838 <input type="checkbox"/> Herpes Simplex Type 1/2 IgG | 1570 <input type="checkbox"/> Varicella Zoster IgG |
| 9100 <input type="checkbox"/> Influenza AB RT-PCR | 0920 <input type="checkbox"/> Varicella Zoster PCR* |
| 1610 <input type="checkbox"/> Influenza Culture | 0910 <input type="checkbox"/> Varicella Zoster Smear |
| 1714 <input type="checkbox"/> Lyme** | 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 <input type="checkbox"/> Aerobic Culture, miscellaneous | 1200 <input type="checkbox"/> Blood Parasite*** |
| 2300 <input type="checkbox"/> Aerobic Isolate Identification | 1000 <input type="checkbox"/> Intestinal O & P |
| 2500 <input type="checkbox"/> Anaerobic Culture | 1410 <input type="checkbox"/> Parasitic Microscopy |
| 2400 <input type="checkbox"/> Anaerobic Isolate ID | 1400 <input type="checkbox"/> Parasitic Serology |
| 2100 <input type="checkbox"/> Beta Strep Culture | 1100 <input type="checkbox"/> Pinworm Slide |
| 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 | |

***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:



General Laboratory Inquiries

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