

FOR BPHL USE ONLY

***Required Field**

Please consult the test menu for specimen requirements and to see a complete list of available tests at www.FloridaPublicHealthLab.com

Patient Information* SSN: _____ - _____ - _____

Last Name*		First Name*		MI	DOB* (MM/DD/YYYY)
Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____		Pregnancy Status: <input type="checkbox"/> Pregnant <input type="checkbox"/> Not Pregnant <input type="checkbox"/> N/A			
Race*: <input type="checkbox"/> African American (Black) <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		Ethnicity*: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
Street Address* (Include building number if applicable)			Medical History** <small>(Use the additional information section if you need more space)</small>		
City*	State*	County*	Zip Code*	Date of Onset (MM/DD/YYYY)	
Patient Phone Number*			Local Patient Identifier/Merlin #		
Insurance Company			Insurance Number		
Symptoms					
Recent Travel History (Include Dates)					
Current Treatment Plan:					
<input type="checkbox"/> Fasting <input type="checkbox"/> Not Fasting <input type="checkbox"/> Tick Bites <input type="checkbox"/> Mosquito Bites <input type="checkbox"/> None					

Submitter Information*

Facility Name* (Hospital, CHD, etc.)		Submitter Fax Number	
Practitioner Name		NPI	
Street Address* (Include building number if applicable)		Special Project ID	
City*	State*	County*	Zip Code*
Contact Name*		Contact Phone Number* (Include Ext.)	Contact Email
		Program Component	
		ICD10 Diagnosis Codes	

Specimen Information* **Specimen Source***

Specimen Collection Date* (MM/DD/YYYY)	<input type="checkbox"/> Swab (*Select swab source)	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Gastric Aspirate
	<input type="checkbox"/> Nasal	<input type="checkbox"/> NP- Nasopharyngeal	<input type="checkbox"/> Serum	<input type="checkbox"/> Stool
	<input type="checkbox"/> Oral	<input type="checkbox"/> OP- Oropharyngeal	<input type="checkbox"/> Plasma	<input type="checkbox"/> Tissue
	<input type="checkbox"/> Cervical	<input type="checkbox"/> Rectal	<input type="checkbox"/> CSF	<input type="checkbox"/> Bronchial Wash
	<input type="checkbox"/> Vaginal	<input type="checkbox"/> Urethral	<input type="checkbox"/> Sputum	<input type="checkbox"/> BAL
	<input type="checkbox"/> Other Swab Source	<input type="checkbox"/> Other		

Test Requested* **Requires Medical History

<p style="text-align: center;">Serology</p> <input type="checkbox"/> Hepatitis A Antibody (HAVAb) <input type="checkbox"/> CT/GC Amplified <input type="checkbox"/> Hepatitis B Panel (HBcAb, HBsAb, HBsAg) <input type="checkbox"/> HCV RNA NAAT <input type="checkbox"/> Hepatitis B Core (HBcAb) <input type="checkbox"/> Rubella Screen <input type="checkbox"/> Hepatitis B Surface Antibody (HBsAb) <input type="checkbox"/> Hepatitis C Antibody (HCVAb) <input type="checkbox"/> Hepatitis B Surface Antigen (HBsAg) <input type="checkbox"/> Chronic Hepatitis Panel (HBsAg, HBsAb, HBcAb, HAVAb, HCVAb) <input type="checkbox"/> Syphilis w/ Confirmation if Reactive	<p style="text-align: center;">Virology</p> <p style="text-align: center;">***Prior authorization required. Please contact the Virology Laboratory</p> <p style="text-align: center;">Merlin Outbreak Number: _____</p> <input type="checkbox"/> Arbovirus IgG** (See test menu) <input type="checkbox"/> HSV Type 1/2 PCR <input type="checkbox"/> Rickettsia (RMSF) IgG (IFA)*** <input type="checkbox"/> Arbovirus IgM** (See test menu) <input type="checkbox"/> Influenza A/B PCR** <input type="checkbox"/> Rubella IgM*** <input type="checkbox"/> Arbovirus PCR** (See test menu) <input type="checkbox"/> Measles IgG <input type="checkbox"/> Rubella PCR*** <i>Indicate Arbovirus of Interest in Other</i> <input type="checkbox"/> Measles IgM*** <input type="checkbox"/> SARS-CoV-2 (COVID-19) <input type="checkbox"/> CMV IgG <input type="checkbox"/> Measles PCR*** <input type="checkbox"/> Toxoplasma IgG <input type="checkbox"/> Ehrlichia IgG (IFA)** *** <input type="checkbox"/> MMR Index Value <input type="checkbox"/> Triplex PCR** (Zika, Dengue, Chikungunya) <input type="checkbox"/> Enterovirus PCR*** <input type="checkbox"/> Mumps IgG <input type="checkbox"/> Varicella Zoster IgG <input type="checkbox"/> Hepatitis A PCR** <input type="checkbox"/> Mumps IgM*** <input type="checkbox"/> Varicella Zoster IgM*** <input type="checkbox"/> Hepatitis A Sequencing*** <input type="checkbox"/> Mumps PCR*** <input type="checkbox"/> Varicella Zoster PCR*** <input type="checkbox"/> HSV Culture <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> HSV Type 1/2 IgG <input type="checkbox"/> Respiratory Virus PCR** *** <input type="checkbox"/> Other ***	<p style="text-align: center;">Mycobacteriology</p> <p style="text-align: center;">Clinical Specimen:</p> <input type="checkbox"/> Processed <input type="checkbox"/> Not Processed <input type="checkbox"/> AFB Smear and Culture <input type="checkbox"/> Nucleic Acid Amplification for TB (RT-PCR) <p style="text-align: center;">AFB-Positive Referred Isolates:</p> <input type="checkbox"/> AFB Culture for ID <input type="checkbox"/> TB Drug Susceptibilities	<p style="text-align: center;">Mycology</p> <input type="checkbox"/> Mycology Referred Isolate ID (Yeast Only)
<p style="text-align: center;">Retrovirology</p> <input type="checkbox"/> HIV-1/2 Ag/Ab <input type="checkbox"/> HIV-1 RNA Viral Load <input type="checkbox"/> Oral Fluid HIV-1 EIA <input type="checkbox"/> HIV-1 Genotyping <input type="checkbox"/> HIV-1 RNA Qualitative <input type="checkbox"/> CD4/CD8			
<p style="text-align: center;">Microbiology/Parasitology</p> <input type="checkbox"/> Aerobic Culture, Misc. <input type="checkbox"/> Parasitic Microscopy <input type="checkbox"/> Aerobic Isolate ID <input type="checkbox"/> Pertussis PCR <input type="checkbox"/> Anaerobic Culture <input type="checkbox"/> Salmonella Culture <input type="checkbox"/> Anaerobic Isolate ID <input type="checkbox"/> Salmonella Serotyping WGS <input type="checkbox"/> Blood Parasite** <input type="checkbox"/> STEC PCR and Culture <input type="checkbox"/> Carbapenamase Producing Organisms <input type="checkbox"/> Stool Culture <input type="checkbox"/> Intestinal O & P <input type="checkbox"/> Other <input type="checkbox"/> Refer Out			

Comments and Additional Information

*All fields designated with an asterisk are required fields.

**Tests that require the medical history section to be completed are designated with two asterisks.

***Tests that require prior authorization are designated with three asterisks.

Specimen must be labeled with at least two unique patient identifiers that match identifiers on the requisition form, Ex: Name and DOB

Specimen must be packaged and shipped according to the specific criteria for each test

Consult the test menu for test specific requirements at www.FloridaPublicHealthLab.com

Department Specific Instructions:

Virology:

- For tests that require prior approval, provide the name of the person who authorized the test in the Additional Information section.
- Complete the Medical History section when required.
- Provide the Merlin Outbreak Number when available (Norovirus and Respiratory Virus PCR tests).
- For Influenza A/B PCR surveillance testing, include the Right Sizing Lab Submission Form that was provided each Flu season.

Serology:

- Indicate Pregnancy Status for Syphilis testing.

Microbiology/Parasitology:

- Complete the Medical History section when required.

Mycobacteriology:

- Clinical Specimen is defined as a specimen taken directly from the patient and submitted for testing, Ex: BAL, Sputum, Tissue, etc.
- Referred Isolate is a growth of Acid Fast Bacilli on solid (LJ) or liquid media.

Request access at www.FloridaPublicHealthLab.com to create Electronic Lab Orders in WeblIMS

A fillable PDF version of this form is available at www.FloridaPublicHealthLab.com

General Laboratory Inquiries

BPHL-Jacksonville

1217 Pearl Street
Jacksonville, FL 32202

Telephone: (904) 791-1500
Fax: (904) 791-1723

BPHL-Miami

1325 NW 14th Avenue
Miami, FL 33125

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

BPHL-Tampa

3602 Spectrum Boulevard
Tampa, FL 33612

Telephone: (813) 233-2203
Fax: (813) 233-2379

**For After Hours Emergencies Contact:
866-FLA-LABS (866-352-5227)**