

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/MN _____ DOB* (MM/DD/YYYY) _____
 Sex*: ☐ Male ☐ Female ☐ Unknown ☐ Other _____ Pregnancy Status: ☐ Pregnant ☐ Not Pregnant ☐ N/A
 Race*: ☐ African American (Black) ☐ Caucasian (White) ☐ Asian ☐ Other _____ Ethnicity*: ☐ Hispanic ☐ Non-Hispanic

Street Address* (Include building number if applicable) _____

City* _____ State* _____ County* _____ Zip Code* _____

(_____) _____ - _____
 Patient Phone Number* _____ Local Patient Identifier/Merlin # _____

Insurance Company _____ Insurance Number _____

Medical History**

(Use the additional information section if you need more space)

Date of Onset (MM/DD/YYYY) _____

Symptoms _____

Recent Travel History (Include Dates) _____

Current Treatment Plan: _____

☐ Fasting ☐ Not Fasting

☐ Tick Bites ☐ Mosquito Bites ☐ None

Vaccine status: _____

Submitter Information*

Facility Name* (Hospital, CHD, etc.) _____ Submitter Fax Number _____

Practitioner Name _____ NPI _____ Special Project ID _____

Street Address* (Include building number if applicable) _____

Program Component _____

City* _____ State* _____ County* _____ Zip Code* _____

ICD10 Diagnosis Codes _____

Contact Name* _____ Contact Phone Number* (Include Ext.) _____ Contact Email* _____

Specimen Information*

Specimen Source*

Specimen Collection Date* (MM/DD/YYYY) _____

Inoculation Date (MM/DD/YYYY) _____

- ☐ Throat Swab ☐ Nasal Swab ☐ Blood ☐ Urine ☐ Gastric Aspirate
☐ Cervical Swab ☐ NP- Nasopharyngeal Swab ☐ Serum ☐ Sputum ☐ Pleural Fluid
☐ Vaginal Swab ☐ OP- Oropharyngeal Swab ☐ Plasma ☐ Tissue ☐ Stool/Feces
☐ Lesion Swab ☐ Rectal Swab ☐ CSF ☐ Bronchial Wash
☐ Penile Swab ☐ Urethral Swab ☐ BAL ☐ Isolate
☐ Other Swab Source _____ ☐ Other _____

Test Requested* (See Page 2)

**Requires Medical History

Serology

- ☐ 0380 Chronic Hepatitis Panel (HBsAg, HBsAb, HBeAg, HBeAb, & HCVAb)
☐ 0352 Hepatitis A Ab (HAVAb) ☐ 0430 CT/GC Amplified
☐ 0340 Hepatitis B Panel (HBcAb, HBsAb, & HBsAg) ☐ 0450 TRICH Amplified
☐ 0320 Hepatitis B Core (HBcAb) ☐ 0460 M. Gen Amplified
☐ 0310 Hepatitis B Surface Ab (HBsAb) ☐ 0250 Syphilis RPR w/ Confirmation
☐ 0300 Hepatitis B Surface Antigen (HBsAg) ☐ 0242 Syphilis Confirm by CMIA
☐ 0330 Hepatitis C Ab (HCVAb) ☐ 0245 Syphilis Confirm by TPPA
☐ 0390 HCV RNA NAAT ☐ 4000 Rubella Screen

Retrovirology

- ☐ 0500 HIV-1/2 Ag/Ab ☐ 0570 HIV-1 Genotyping
☐ 0520 Oral Fluid HIV-1 EIA ☐ 0580 PrEP Monitoring
☐ 0560 HIV-1 RNA Viral Load

Microbiology/Parasitology (See Page 2)

- Exclusion ID: _____ Outbreak ID: _____
☐ 2600 Aerobic Culture, Misc. ☐ 1410 Parasitic Microscopy
☐ 2300 Aerobic Isolate ID ☐ 2810 Pertussis PCR
☐ 2500 Anaerobic Culture ☐ 2000 Salmonella Culture
☐ 2400 Anaerobic Isolate ID ☐ 2022 Salmonella Serotyping WGS
☐ 1200 Blood Parasite PCR** ☐ 2301 STEC PCR
☐ 2900 Carbapenemase Producing Organisms ☐ 2302 STEC Culture
☐ 1000 Intestinal O & P ☐ 1900 Stool Culture
☐ 1210 Malaria PCR** ☐ Other _____
☐ 2201 Refer Out

Virology

***Prior authorization required. Please contact the Virology Laboratory.

Testing Authorized by: _____

Merlin Outbreak Number: _____

- ☐ 1690 Arbovirus IgG** (See test menu) ☐ 9558 Influenza/SARS-CoV-2 PCR** ☐ 1716 Rickettsia (RMSF) IgG (IFA)***
☐ 1500 Arbovirus IgM** (See test menu) ☐ 1740 Measles IgG ☐ 1720 Rubella IgM***
☐ 1532 Arbovirus PCR** (See test menu) ☐ 1750 Measles IgM*** ☐ 1724 Rubella PCR***
☐ 1520 Arbovirus PRNT** (See test menu) ☐ 1755 Measles PCR*** ☐ 1300 Toxoplasma IgG
 Indicate Specific Arbovirus in Other ☐ 1756 MMR Index Value ☐ 1550 Triplex Arbovirus PCR** (See test menu)
☐ 1540 CMV IgG ☐ 1660 Mumps IgG ☐ 1570 Varicella Zoster IgG
☐ 1710 Ehrlichia IgG (IFA)** *** ☐ 1664 Mumps IgM***
☐ 1810 Enterovirus PCR*** ☐ 1668 Mumps PCR***
☐ 1821 Hepatitis A PCR** ☐ 1830 Norovirus PCR
☐ 0838 HSV Type 1/2 IgG ☐ 1560 Oropouche PCR** ***
☐ 0840 HSV Type 1/2 PCR ☐ 9100 Respiratory Virus PCR** *** ☐ Other ***

Mycobacteriology

Clinical Specimen:

☐ Processed ☐ Not Processed

- ☐ 3100 AFB Smear and Culture
☐ 3140 Nucleic Acid Amplification for TB (RT-PCR)
AFB-Positive Referred Isolates:
☐ 3200 AFB Culture for ID
☐ 3300 TB Drug Susceptibilities

Mycology

- ☐ 3500 Candida Isolate ID (Yeast Only)
☐ Other _____

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.
- 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.
- For Syphilis confirmation by CMIA and TPPA, follow the collection guidance for 0250, Syphilis Screening.

Microbiology/Parasitology:

- Complete the Medical History section when required.
- Provide the Exclusion ID or Outbreak ID when available.
- If organism ID or suspected ID is available, it must be written in the comments section.
- If prior testing on the specimen has been conducted, include it in the comments and additional information section.

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

General Laboratory Inquiries

BPHL-Jacksonville

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Jacksonville, FL 32202

Telephone: (904) 791-1500
Fax: (904) 791-1567

BPHL-Miami

1325 NW 14th Avenue
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Telephone: (305) 324-2432
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BPHL-Tampa

3602 Spectrum Boulevard
Tampa, FL 33612

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

Email: BPHL00QualityAssurance@FlHealth.gov

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