Florida HEALTH

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/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 Vaccine status: _____

☐ Tick Bites ☐ Mosquito Bites ☐ None _____

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 Collection Date* (MM/DD/YYYY) _____

Inoculation Date (MM/DD/YYYY) _____

Specimen Source*

☐ 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, HBcAb, HAVAb, & HCVAb)

☐ 0352 Hepatitis A Ab (HAVAb)

☐ 0340 Hepatitis B Panel (HBcAb, HBsAb, & HBsAg

☐ 0320 Hepatitis B Core (HBcAb)

☐ 0310 Hepatitis B Surface Ab (HBsAb)

☐ 0300 Hepatitis B Surface Antigen (HBsAg)

☐ 0330 Hepatitis C Ab (HCVAb)

☐ 0390 HCV RNA NAAT

☐ 0430 CT/GC Amplified

☐ 0450 TRICH Amplified

☐ 0460 M. Gen Amplified

☐ 0250 Syphilis RPR w/ Confirmation

☐ 0242 Syphilis Confirm by CMIA

☐ 0245 Syphilis Confirm by TPPA

☐ 4000 Rubella Screen

Retrovirology

☐ 0500 HIV-1/2 Ag/Ab

☐ 0520 Oral Fluid HIV-1 EIA

☐ 0560 HIV-1 RNA Viral Load

☐ 0570 HIV-1 Genotyping

☐ 0580 PrEP Monitoring

Microbiology/Parasitology (See Page 2)

Exclusion ID: _____ Outbreak ID: _____

☐ 2600 Aerobic Culture, Misc.

☐ 2300 Aerobic Isolate ID

☐ 2500 Anaerobic Culture

☐ 2400 Anaerobic Isolate ID

☐ 1200 Blood Parasite Smear**

☐ 2900 Carbapenamase Producing Organisms

☐ 1000 Intestinal O & P

☐ 1210 Malaria PCR**

☐ 2201 Refer Out_____

☐ 1410 Parasitic Microscopy

☐ 2810 Pertussis PCR

☐ 2000 Salmonella Culture

☐ 2022 Salmonella Serotyping WGS

☐ 2301 STEC PCR

☐ 2302 STEC Culture

☐ 1900 Stool Culture

☐ Other_____

Virology

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

Testing Authorized by: _____

Merlin Outbreak Number: _____

☐ 1690 Arbovirus IgG** (See test menu)

☐ 1500 Arbovirus IgM** (See test menu)

☐ 1532 Arbovirus PCR** (See test menu)

☐ 1520 Arbovirus PRNT** (See test menu)

Indicate Specific Arbovirus in Other

☐ 1540 CMV IgG

☐ 1710 Ehrlichia IgG (IFA)** ***

☐ 1810 Enterovirus PCR***

☐ 1821 Hepatitis A PCR**

☐ 0838 HSV Type 1/2 IgG

☐ 0840 HSV Type 1/2 PCR

☐ 9558 Influenza/SARS-CoV-2 PCR**

☐ 1740 Measles IgG

☐ 1750 Measles IgM***

☐ 1755 Measles PCR***

☐ 1756 MMR Index Value

☐ 1660 Mumps IgG

☐ 1664 Mumps IgM***

☐ 1668 Mumps PCR***

☐ 1830 Norovirus PCR

☐ 1560 Oropouche PCR** ***

☐ 9100 Respiratory Virus PCR** ***

☐ 1716 Rickettsia (RMSF) IgG (IFA)***

☐ 1720 Rubella IgM***

☐ 1724 Rubella PCR***

☐ 1300 Toxoplasma IgG

☐ 1550 Trioplex Arbovirus PCR** (See test menu)

☐ 1570 Varicella Zoster IgG

☐ 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
1217 N. Pearl Street
Jacksonville, FL 32202

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

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

Email: BPHL00QualityAssurance@FlHealth.gov

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