SLD CLINICAL TEST REQUEST FORM

Scientific Laboratory Division
1101 Camino de Salud N.E.
Albuquerque, NM 87102

SLD LAB NO. ONLY
ONE FORM PER SPECIMEN

PLEASE PRINT LEGIBLY

SLD Form 116 v3.0 Revised 4/23 **USER CODES →→**

SLD USE >>> ONLY — DATE <<<TIME STAMP

- [X] 51000 (Epidemiology)
- [ ] 52000 (PHD: General)
- [ ] 52110 (PHD: Prenatal)
- [ ] 52120 (PHD: Family Plan)
- [ ] 52340 (PHD: Refugee)
- [ ] 52325 (PHD: Adult Hepatitis)
- [ ] 52330 (PHD: TB Program)
- [ ] 51006 (EIP)
- [ ] 70704 (OMI)
- [ ] Other: (Enter Number)

Please limit to one code per form

SUBMITTER INFORMATION

SUBMITTER CODE ______

FACILITY NAME ______

ADDRESS ______
Street or PO
______
City State Zip Code

PHONE ( )______

ATTENTION: ______

CLINICIAN NAME ______
Last First

PHONE # ( )

PATIENT INFORMATION

PATIENT NAME ______
Last First

GENDER [ ] MALE [ ] FEMALE [ ] TRANSGENDER

DATE OF BIRTH MM/ DD/ YYYY : _____/_____/_____

ADDRESS ______
Street or PO
(_____)______ | ______
Phone Number City State Zip Code

PATIENT ID (MRN#) ______

SOCIAL SECURITY ______ ______

OTHER ID (HIV#) ______ Occupation (Enter Above)

RACE: Check all that apply.

- [ ] American Indian (Enter Affiliation) ______
- [ ] Asian
- [ ] Black/African American
- [ ] Native Hawaiian/Pacific Islander
- [ ] White
- [ ] Other

ETHNICITY: [ ] Hispanic [ ] Non-Hispanic

SPECIMEN INFORMATION

SPECIMEN SOURCE

- [ ] Abscess
- [ ] Ascites fluid
- [ ] Blood, femoral
- [ ] Blood, heart
- [ ] Blood, plasma
- [ ] Blood, serum
- [ ] Blood, whole
- [ ] Bone
- [ ] Bone marrow
- [ ] Brain
- [ ] Bronchial Biopsy
- [ ] Bronchial Wash
- [ ] Bronchoalveolar lavage
- [ ] Cervix
- [ ] CSF
- [ ] Ear
- [ ] Endocervix
- [ ] Eye
- [ ] Feces/Stool
- [ ] Genital
- [ ] Hair
- [ ] Fluid (site):______
- [ ] Liver
- [ ] Lymph node
- [ ] Lung, left
- [ ] Lung, right
- [ ] Nail (site)______
- [ ] Nasopharyngeal swab
- [ ] Nasopharyngeal wash
- [ ] Nasal swab
- [ ] Nasal wash
- [ ] Pericardial fluid
- [ ] Peritoneal fluid
- [ ] Pleural fluid
- [ ] Pleural Biopsy
- [ ] Rectum
- [ ] Rectum/Vagina
- [ ] Skin (site)______
- [ ] Spleen
- [ ] Sputum, natural
- [ ] Sputum, nebulized
- [ ] Throat swab
- [ ] Throat wash
- [ ] Tissue (site): ______
- [ ] Tracheal aspirate
- [ ] Urine
- [ ] Urethra
- [ ] Vagina
- [ ] Wound (site):______
- [ ] Other: Oropharyngeal Swab

SPECIMEN COLLECTION

Date/Time Collected ____/____/____ ______
MM/ DD/ YYYY Military Time

SPECIMEN TYPE

- [ ] Clinical
- [ ] Reference

CLINICAL SYMPTOMS

- [ ] Asymptomatic
- [ ] Symptomatic: Date of onset: MM / DD / YYYY _____/_____/_____

ANALYSIS REQUESTED

For Details: http://nmhealth.org/publication/view/general/1496/

GENERAL MICROBIOLOGY

BACTERIOLOGY

- [ ] B. anthracis
- [ ] B. cereus/S. aureus
- [ ] Culture, OMI
- [ ] Culture, OMI anaerobic
- [ ] Campylobacter species:______
- [ ] E. coli 0157:H7
- [ ] EIP Group A Streptococcus
- [ ] EIP Group B Streptococcus
- [ ] EIP S. pneumoniae isolate
- [ ] GC culture
- [ ] Haemophilus influenzae typing
- [ ] Listeria monocytogenes
- [ ] Legionella culture
- [ ] N. meningitidis typing
- [ ] Plague FA and culture
- [ ] Salmonella, serotype:______
- [ ] Shigella, serotype:______
- [ ] Shiga Toxin test/isolation
- [ ] Tularemia culture
- [ ] Vibrio
- [ ] Yersinia enterocolitica:______
- [ ] Other:______

ID of Bacteria (specify)

- [ ] Anaerobe ______
- [ ] Gram negative ______
- [ ] Gram positive ______

Antimicrobial Resistance
(Please attach Susceptibility Report)

- [ ] CRE Panel (Indicate below)

____CRE:______
____CRPa (P. aeruginosa)
____Other:______

AFB/TUBERCULOSIS/MYCOLOGY

- [ ] Aerobic actinomycetes
- [ ] AFB Culture
- [ ] AFB Reference Isolate

Suspected ID:______

- [ ] Fungal/Yeast Culture
- [ ] Fungal/Yeast Reference Isolate

Suspected ID:______

MOLECULAR

- [ ] Pertussis (Bordetella sp.) PCR
- [ ] Other:______

(ERD only)

SEROLOGY

- [ ] Arbovirus ID
- [ ] CDC referral (attach form 50.34)
- [ ] HIV Ag/Ab Combo with Reflex
- [ ] Hepatitis A Diagnosis (IgM Only)
- [ ] Hepatitis A Immune Status
- [ ] Hepatitis B Pre-Vaccination
- [ ] Hepatitis B Prenatal Screen
- [ ] Hepatitis B Post-Vaccination
- [ ] Hepatitis B High Risk
- [ ] Hepatitis B High Risk and HCV
- [ ] Hepatitis C Antibody (Anti-HCV)
- [ ] Hepatitis A,B and C Diagnostic Panel (Acute)
- [ ] Mumps Immune Status
- [ ] Plague/Tularemia antibody
- [ ] Rubella immune status
- [ ] Rubella diagnosis (call first)
- [ ] Rubeola immune status
- [ ] Rubeola diagnosis (call first)
- [ ] SNV Hantavirus
- [ ] Syphilis RPR with Reflex to TPPA
- [ ] Syphilis RPR and TPPA
- [ ] TB Quantiferon
- [ ] VZV immune status
- [X] Other (Specify): 2019 Novel Coronavirus RT-PCR
- [ ] Expedite (Provide Reason):______

(ERD confirmation will be obtained)

VIROLOGY

- [ ] **Virus Isolation**

Agent(s) suspected:

___ Influenza
Rapid Test: Pos____Neg____
Not Performed_____
___ HSV
___ Other (Specify):______

MOLECULAR

- [ ] Dengue/Chikungunya PCR
- [ ] Ebola PCR
- [ ] Other:______

(ERD only)

Phone #'s: General Microbiology (505)383-9126/27/28; Molecular Biology (505)383-9130/60; Virology/Serology(505)383-9125/24/33; Specimen Receiving (505)383-9068/66 Bureau Chief (505)383-9122; SLD Main (505)383-9000; Fax(505)383-9121