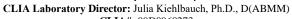


District of Columbia • Department of Forensic Sciences • Public Health Laboratory 401 E Street SW • 4th Floor • Washington, DC 20024 • Phone (202) 727-8956 • Fax (202) 481-3464

General Laboratory Services Request Form





CLIA#: 09D0968273

Patient Information		*Required Information				
Last Name*		First Name*		Middle Initial	Suffix	
Date of Birth*		Sex*		If Female, Pregnant		
(MM/DD/YYYY)		☐ Male	e □ Female □ Other	☐ Yes ☐ No	☐ Unknown	
Address*		City*		State*	ZIP	
Sample ID (Laboratory ID, Outbreak#, Zika#, etc.)*		Medical Record Number				
Submitter Information						
Name of Submitting Hospital, Laboratory, or other Facility*			Health Care Provider NPI #*			
Health Care Provider Last Name*			Health Care Provider First Name *			
Submitting Facility Address (include room)*			City*	State*	Zip*	
Primary Contact Last Name			Primary Contact First Name			
(If not the Health Care Provider) Telephone #* Secure Fax #**		(If not the Health Care Provider) Email**				
(primary)	Secure rax #		Ellidii			
** Most reports are released through web portal. If applicable, final report will be sent to the fax number above or via secure email to the email listed above.						
Specimen Information						
Date of Collection* (MM/DD/YYYY):			Time of Collection*:	□ АМ	□ PM	
Reason for Submission*						
□ Diagnostic □ Outbreak □ DC Health Request: DC Health Contact:						
Specimen Type (check all that apply)* ☐ Blood Culture Bottle ☐ Isolate ☐ Cary-Blair ☐ E-Swab ☐ Swab ☐ UTM ☐ VTM ☐ Slide ☐ Sterile Container						
□ Blood Tube (Plasma, Serum or Whole Blood) □ Other (specify)					tairiei	
Specimen Source*						
Abscess Blood Bronchoalveolar Lavage Bronchial Wash Buccal CSF Endocervical Nasopharynx (NP)						
☐ Oropharynx (OP) NP/OP	Plasma Rectal Serum	Sputum, ex	rpectoration Sputum, indu	ced Stool Th	roat	
☐ Tissue ☐ Urethral Urine	Vaginal Other (specify):				<u> </u>	
Test Request (✓ requested tests)*						
BT RULE-OUT [†]			MOLI	CULAR		
□ r/o Bacillus anthracis		☐ Ebola (PCR) ^{††}				
\square r/o Brucella sp.		Novel Influenza (PCR) ^{††}				
□ r/o Burkholderia sp.		Norovirus (PCR)				
□ r/o Francisella tularensis		☐ Middle East Respiratory Syndrome (MERS-CoV) (PCR) ^{††}				
□ r/o Yersinia pestis		☐ Chlamydia trachomatis and Neisseria gonorrhoeae (TMA)				
☐ Other (specify):		☐ Mumps (PCR) ^{††}				
MICROBIOLOGY/GENERAL BACTERIOLOGY		Measles Virus (PCR) ^{††}				
Referred Isolates		SARS-CoV-2, Influenza A/B, Respiratory Syncytial virus panel (NAAT)				
SEROLOGY/IMMUNOLOGY		VIROLOGY				
Measles Virus (IgG)		SARS-CoV-2 (NAAT)				
SARS-CoV-2 (IgG)		Influenza A/B, Respiratory Syncytial virus panel (NAAT)				
OFFICE OF THE CHIEF MEDICAL EXAMINER ONLY		☐ Parainfluenza 1-4 panel (NAAT)				
Bacteriology Respiratory Virus Panel [§] SARS-CoV-2		☐ Adenovirus/Metapneumovirus/Rhinovirus panel (NAAT)				
CLINICAL TOXICOLOGY		Zika Virus NAAT (TMA) ^{††}				
Drug of Abuse Screen, 14-Drug Panel, Urine¶		Respiratory DFA with Reflex to Viral Culture				
(6AM,Amp,Meth,Barb,Benz,BUP,THC,Coc,Ecst,FENT,Meth,Opi,OXY,PCP,TRAM) w/ Creat			(Adenovirus, Respiratory Syncytial Virus, Influenza A, Influenza B, Parainfluenza 1, 2, 3)			
OTHER TESTS						
Test Name (specify)						
□ Send Out (Zika Virus IgM ^{††} , Dengue Virus PCR, Chikungunya Virus PCR, or other)						
			NG PRIORITY			
☐ Routine Test Requested		☐ STAT/Priority Test Requested				
† Call the Public Health Laboratory prior to sending any suspected isolate or specimen §OCME respiratory virus panel includes SARS-COV-2, Influenza A/B, and Respiratory Syncytial virus ¶Currenly only accepting samples from designated submitters. Screening performed in Immunology, Methadone quantatative testing performed clinical toxicology ††DC Health must approve testing prior to sending any isolate or specimen to the Public Health Laboratory						

Last updated: 04/01/2022