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 Laboratory Director: Julia Kiehlbauch, Ph.D., D(ABMM)
CLIA#: 09D0968273

Patient Information

*Required Information

Last Name*	First Name*	Middle Initial	Suffix

Date of Birth* (MM/DD/YYYY)	Sex* ☐Male ☐Female ☐Other	If Female, Pregnant ☐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 (If not the Health Care Provider)	Primary Contact First Name (If not the Health Care Provider)

Telephone #* (primary)	Secure Fax #**	Email**

** 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*: ☐AM ☐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)_____

Specimen Source*
☐Abscess ☐Blood ☐Bronchoalveolar Lavage ☐Bronchial Wash ☐Buccal ☐CSF ☐Endocervical ☐Nasopharynx (NP)
☐Oropharynx (OP) ☐NP/OP ☐Plasma ☐Rectal ☐Serum ☐Sputum, expectoration ☐Sputum, induced ☐Stool ☐Throat
☐Tissue ☐Urethral ☐Urine ☐Vaginal ☐Other (specify): _____

Test Request (✓requested tests)*

BT RULE-OUT†	MOLECULAR
☐ *r/o Bacillus anthracis*	☐ Ebola (PCR)††
☐ *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¶ (6AM,Amp,Meth,Barb,Benz,BUP,THC,Coc,Ecst,FENT,Meth,Opi,OXY,PCP,TRAM) w/ Creat	☐ Respiratory DFA with Reflex to Viral Culture (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)

TESTING 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