DC Public Health Laboratory

District of Columbia ♦ Department of Forensic Sciences ♦ Public Health Laboratory
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Surveillance Test Request

PHL Director: Anthony Tran, DrPH, MPH, D(ABMM)

Specimen Submitted by:

Hospital/Clinic_____
Point-of-Contact Name_____
Phone_____
Fax_____
E-mail_____
Date_____ **Time**_____
Address (include room)_____

Specimen Received By:

Courier Service_____
Date & Time_____
Initials_____

Specimen Type: (isolate, serum, stool, etc.)	**Storage Temperature:** ☐ -70°C ☐ -20°C ☐ 4°C ☐ Ambient

PulseNet Enteric Organisms:

☐ *Salmonella* ☐ *Vibrio* sp. ☐ *Shigella* sp. ☐ *Listeria* sp. ☐ *Campylobacter* sp.
☐ Shiga Toxin-Producing *Escherichia coli* (STEC) ☐ Enteroinvasive *Escherichia coli* (EIEC)

Healthcare Associated Infection Organisms:

☐ Carbapenem- resistant *Enterobacteriaceae* (CRE) ☐ Carbapenem- resistant *Pseudomonas aeruginosa (CRPA)*
☐ Carbapenem- resistant *Acinetobacter baumannii* (CRAB) ☐ *Candida auris*

☐ Gonococcal Isolate Surveillance Project (GISP) ☐ COVID-19

☐ Other:

**Please use a separate surveillance form for each type of specimen and organism that is being sent (e.g., separate form for Salmonella stool and Salmonella isolate). The same form can be used for similar specimen type and organism (e.g., 5 CRE isolates).*

Unique Specimen Identifier	Last Name, First Name	Collection Date	Sex	Date of Birth	State of Residency

This section is for DC PHL use only

Specimens received by _____ Date/Time_____ Storage Temp_____