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

PHL Director: Anthony Tran, DrPH, MPH, 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*		Healthcare Provider NPI #*		
Health Care Provider	Last Name*	First Name*		
Address (include room)*		City*	State*	Zip*
Primary Contact (If not the Health Care Provider)	Last Name	First Name		
Telephone #* (primary)	Secure Fax #**	Email		

** Final report will be sent to the fax number 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 B. anthracis*	☐Ebola (PCR)+
☐ *r/o Brucella sp.*	☐Novel Influenza (PCR)+
☐ *r/o Burkholderia sp.*	☐Norovirus (PCR)
☐ *r/o F. tularensis*	☐Middle East Respiratory Syndrome (MERS-CoV) (PCR)+
☐ *r/o Y. pestis*	☐*Chlamydia trachomatis* and *Neisseria gonorrhoeae* (TMA)
☐ Other(specify):_____	☐Mumps (PCR)+
MICROBIOLOGY/GENERAL BACTERIOLOGY	☐Measles Virus (PCR)+
☐ OCME	☐Arbovirus Detection Panel (chikungunya, dengue and Zika) (PCR)+
☐ Referred Isolates	☐SARS-CoV-2 (PCR)
	SEROLOGY
	☐Measles Virus (IgG) +
	☐Zika Virus (IgM)+
	☐ SARS-CoV-2 (IgG)
	VIRAL CULTURE
	☐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 _____

TESTING PRIORITY

☐ Routine Test Requested	☐STAT/Priority Test Requested

+ DC Health must approve testing prior to sending any isolate or specimen to the Public Health Laboratory
§ Call the Public Health Laboratory prior to sending any suspected isolate or specimen