Specimen Type: Check appropriate specimen and fill in requested information (Only one sample per form).

- ▼ Swab
  - ☐ Throat
  - ☐ Nasopharyngeal
  - ☐ Other: _____
- ▼ Chest fluid
  - ☐ Pleural
  - ☐ Peritoneal
- ▼ Bronch
  - ☐ BAL/Washing
  - ☐ Brushing
- ☐ Synovial fluid
  Source: _____
- ☐ Serum
- ☐ Sputum
- ☐ Stool
- ☐ CSF
- ☐ Urine
- ☐ Blood
- ☐ Wound/Tissue/Biopsy
  Source: _____
- ☐ Scrapings/Clippings
  Source: _____
- ☐ Slides Only
  Source: _____
- ☐ Other: _____

DATE COLLECTED: ____ / ____ / _____ (mm / dd / year)

PATIENT: _____ (last / first)

BIRTH DATE: ____ / ____ / _____ (mm / dd / year) SSN #: ___ – ___ – _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

PHONE: ( ) - GENDER: ☐ Female ☐ Male

RACE: ☐ White ☐ Black ☐ Asian ☐ American Indian / Alaskan Native ☐ Native Hawaiian / Pacific Islander ☐ Unknown

ETHNICITY: ☐ Hispanic ☐ Non Hispanic ☐ Unknown

PATIENT ID #: _____

CLINICIAN: _____ (please print / last / first) CLINICIAN ID #: _____

PHONE: ( ) - CLINICIAN'S Signature:

Bacteriology Test Request Form

Test(s) Requested

Bacteriology
- ▼ Legionella
  - ☐ Culture (includes smear and PCR)
  - ☐ Smear only
- ☐ Isolate identification (reference bacti) (complete Patient History Part C)

Enterics (complete Patient History Parts A & B)
- ☐ Culture (includes Salm, Shig, Campy, Ecoli 0157, Yersinia, Aeromonas)
- ☐ Ecoli 0157 culture only
- ☐ Yersinia culture only
- ☐ Vibrio culture only
- ☐ Salm ser Typhi culture only
- ☐ Norovirus

Other
- ☐ Specify: _____

Parasitology (complete Patient History Parts A & B)
- ☐ Routine O&P (concentration)
- ☐ Trichrome Stain
- ☐ Blood smear
- ▼ Special stains
  - ☐ Cryptosporidium
  - ☐ Cyclospora
- ☐ Arthropod identification
- ☐ Parasite identification

Mycobacteriology (complete Patient History Part B)
- ☐ Culture (includes smear and susceptibility if M. Tb)
- ☐ Isolate identification (check submission type below)
  - ☐ Liquid
  - ☐ Slant
- ☐ MTD Probe (smear positive sputum and bronch specimens only) (concentrated sediment - send to Ankeny)

Mycology (complete Patient History Part B)
- ☐ Culture (submission of clinical specimen)
- ☐ Isolate identification

Patient History

Clinical Diagnosis: _____ Date of Onset: ____ / ____ / _____ (mm / dd / year) Fever: _____ °F (in office)

A. Gastrointestinal
- ☐ Diarrhea
  Duration: _____ days
  - ☐ Watery
  - ☐ Loose
  - ☐ Soft
  - ☐ Bloody
  - ☐ Formed

C. Relevant Isolate Information
- ☐ Gram stain morphology: _____
- ▼ Atmospheric requirement
  - ☐ Aerobic
  - ☐ Anaerobic
  - ☐ Microaerophilic
- ☐ Agent suspected: _____

B. Epidemiological Data
Incidence
- ☐ Single case
- ☐ Contact / Exposure (where applicable)
- ☐ Outbreak

Travel / Residence outside of Iowa (location)
- ☐ Foreign _____ (mo/yr) _____
- ☐ USA _____ (mo/yr) _____

Contact
- ☐ Animal (species) _____
- ☐ Arthropod (type) _____

Date of exposure: ____ / ____ / _____ (mm / dd / year)

Facility Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Enter your facility address
Results are returned
to this address

University Hygienic Laboratory
102 Oakdale Campus, #101 OH
Iowa City, IA 52242-5002
Phone #: 319-335-4500
Fax #: 319-335-4555
http://www.uhl.uiowa.edu

Iowa Laboratories Complex
2220 S. Ankeny Blvd, Ankeny, IA 50021
Phone #: 515-725-1600
Fax #: 515-725-1642