

**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: \_\_\_\_\_

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: \_\_\_\_\_ CLINICIAN ID #: \_\_\_\_\_  
please print last first

PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CLINICIAN'S Signature: \_\_\_\_\_

As the clinician providing care to this patient, I request that this test be performed without charge to this patient because of the imminent and significant public health threat posed by the differential diagnosis.

**Bacteriology Test Request Form**

**Test(s) Requested**

**Bacteriology**

- ▼ Legionella
    - Culture (includes DFA)
    - PCR
    - Smear only
  - Isolate identification (for labs only - complete section below)
- Relevant Isolate Information (Isolate processing will be delayed until this information is received)
- ▶ Gram stain morphology: \_\_\_\_\_
  - ▼ Atmospheric requirement
    - Aerobic
    - Anaerobic
    - Microaerophilic
  - ▶ Agent suspected: \_\_\_\_\_
- Enteric Isolate Serotype (To satisfy Iowa Administrative Code)
    - ▶ Organism: \_\_\_\_\_

**Enterics**

- Culture (includes Salm, Shig, Campy, Ecoli 0157, Yersinia, Aeromonas, Shigatoxin screen)
- Culture for Ecoli 0157 and other STEC only (includes Shigatoxin screen)
- ▼ GN Broth for STEC (for labs only)
  - Toxin Screen Positive
  - Not Tested
- Yersinia culture only
- Vibrio culture only
- Norovirus

**Parasitology**

- Routine O&P (concentration method only)
- Trichrome Stain
- Blood smear for parasites (includes malaria)
- ▼ Special stains
  - Cryptosporidium
  - Cyclospora
- Arthropod identification
- Parasite identification

**Mycobacteriology**

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

**Mycology**

- Fungal Culture (submission of clinical specimen)
- Fungal Isolate identification

**Miscellaneous Culture**

- Specify: \_\_\_\_\_

**MEDICAID / MEDICARE INFORMATION**

Patient's Medicaid/Medicare #: \_\_\_\_\_

Physician Provider #: \_\_\_\_\_

Patient's Medicaid/Medicare ICD9 Code: \_\_\_\_\_

Referring Physician # (Medipass only): \_\_\_\_\_

**If insurance is primary to Medicaid / Medicare**

Insured's Name: \_\_\_\_\_

Insured's ID#: \_\_\_\_\_  
please print

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Enter your facility address  
Results are returned  
to this address