



GENERAL MICROBIOLOGY REQUEST

Oregon State Public Health Laboratory (OSPHL)
7202 NE Evergreen Pkwy, Suite 100; Hillsboro, OR 97124
Information: 503-693-4100



PATIENT INFORMATION

*Patient last name, first, middle initial: _____

*Date of birth (mm/dd/yyyy): _____ *Sex/gender:
 Female F to M Unknown
 Male M to F

Patient ID/Chart number: _____

Race: American Indian or Alaska Native Asian Hispanic or Latino
 Black or African American White Not Hispanic or Latino
 Native Hawaiian or Other Pacific Islander Unknown
 Multi-race Other Unknown Declined Declined

Ethnicity:
 Declined

Patient street address: _____

City: _____ State: _____

*County of Residence: _____ Outbreak number: _____

*Submitting facility: _____

*Ordering clinician: _____

Contact number: _____

Copy results to: County of Residence State Public Health
 Other Public Health: _____

PATIENT INSURANCE INFORMATION

*Insurance/Health plan name: _____ None Policy no/Member ID: _____ Group ID: _____ Diagnosis/ICD-10 code for test: _____

SPECIMEN / ISOLATE INFORMATION

*Date of collection: _____ Time of collection (##:##): AM PM Illness onset date: _____ Specimen submitted in (*list media/preservative*): _____

*Original specimen source: Blood Nasopharyngeal swab Sputum Stool Urine Wound Other: _____

Submitting: Original material Isolate Was an original test performed on a C1DT platform? No Yes Reports attached. Platform: _____

*TESTS REQUESTED — Please choose one:

ENTERICS — CULTURE OR ISOLATE IDENTIFICATION

Test:

Campylobacter spp. CAMID

E. coli O157 O157ID

Shiga Toxin producing *E. coli* (STEC) STECCUL

Salmonella spp. SALID

Shigella spp. SHIGID

Vibrio spp. VIBID

Yersinia spp. YERID

Grimontia hollisae VIBID

Cronobacter sakazakii

MYCOBACTERIA — GeneXpert not available for individual order

AFB: Smear/culture; sputum or primary specimen

AFBPCR: AFB Culture Identification PCR; isolate
Date culture positive: _____

AFBSUSC: *M. tuberculosis* complex susceptibility testing; isolate
Date culture positive: _____

QFT PLUS: QuantiFERON® Plus
 Must be received within **16 hours** of collection, Mon.–Fri. before 5 p.m.
Time of collection (mandatory, ##:##): _____ AM PM

SEROTYPING — Notify the OSPHL if expedited handling is indicated.

HAES: *Haemophilus influenzae* serotype

NEIS: *Neisseria meningitidis* serogroup

COMMENTS / ADDITIONAL INFORMATION

MISCELLANEOUS TESTING

Bordetella spp. Culture and PCR *B. pertussis*, *B. parapertussis*, *B. holmesii*

Carbapenemase Detection Testing:

Susceptibilities results attached (required)

CRE: Enterobacterales
 Organism name: _____

CRPA: *Pseudomonas aeruginosa* CRESCR: CPO Contact Screening

CRYID: *Cryptococcus* ID

DIPH: *Corynebacterium diphtheriae* culture**

LISID: *Listeria monocytogenes* ID

Other (*specify*): _____

**If MALDI used for ID in clinical lab, order CDC Referral below.

REFERRAL TESTING / SEND-OUTS -See common choices on reverse

CDC Referrals — Requires completed CDC form at: <http://bitly.com/or-cdc-testing>

Write in: _____

Studies

Write in: _____

ARLN Submission

Write in: _____

SELECT AGENT TESTING — Must contact the OSPHL prior to submission

BURID: *Burkholderia mallei* / *B. pseudomallei* (*circle if known*)

BACRO: *Bacillus anthracis* COXID: *Coxiella burnetii*

FRAID: *Francisella tularensis* YPID: *Yersinia pestis*

BRUID: *Brucella* spp.

Other (*specify*): _____

Complete as many fields as possible. Required fields that will cause testing delays if not completed are marked with an asterisk ().

GENERAL INSTRUCTIONS

Selected specimen submission clarifications are listed below for your reference. This list is not inclusive of all requirements. All specimens submitted are subject to the Oregon State Public Health Laboratory's Specimen Submission Policy, available at: <http://bitly.com/SpecimenCriteria>.

- Submit each specimen with a completed request form. PLEASE PRINT LEGIBLY.
- Please fill out the request form COMPLETELY or delays in processing and testing of the specimen may occur.
- Additional information beyond that on the test request form may be required, depending on the examination requested, to assure accurate and timely testing and reporting of results.
- Both the test request form and the specimen container label must have at least two matching unique identifiers. If specimen identity differs from that on the test request form, testing may not be performed!
- Specimens may be rejected for any of the following reasons:
 1. Insufficient quantity or quality;
 2. Unlabeled specimen container;
 3. Leaking specimen;
 4. Specimen with incomplete requisition;
 5. Missing or invalid ordering clinician; or
 6. Incorrect or mismatching patient identifiers.

Every attempt will be made to salvage leaking or improperly submitted samples of cerebrospinal fluid, biopsy tissues, aspirates, and other specimens obtained surgically, providing that the safety of the laboratory worker is not compromised.

REFERRAL TESTING/SEND-OUTS

Common CDC Referrals

- Clostridium botulinum (Botulism)
- Corynebacterium diphtheriae toxin
- Cryptococcus species
- Listeria monocytogenes
- Molecular Detection of Drug Resistance (MDDR) - MTB
- Parasitology Diagnostic Assistance (DPDx, blood smear stained slides)
- Pathologic or Molecular Evaluation of Fixed Tissues for Possible Infectious Etiologies (IDPB)

Common Studies

- EIP: Candida species
- EIP: Clostridium difficile
- EIP: Coccidioides immitis/posadasii
- EIP: Group A Streptococcus
- EIP: Group B Streptococcus
- EIP: Streptococcus pneumoniae
- EIP: Invasive E. coli (iEC)
- Non-tuberculous Mycobacteria (NTM)
- TB GIMS: TB Genotyping Information Management System

ARLN Order Choices

- Acinetobacter
- Candida spp.
- Pan-Resistant/MDRO