

**Bureau of Laboratory Services**250 N. 17th Avenue, Phoenix, Arizona 85007-3231
Tel: (602) 542-1188 Fax: (602) 364-0758
Victor Waddell, Ph.D., Bureau Chief

All fields highlighted in yellow are required for specimen processing. In addition, at least one test must be requested.

PATIENT INFORMATION (Patient address and telephone number are required, when available, per R9-6-204(B))

Last Name:		First Name:		Middle:
DOB:	Age:	Sex:	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> T	Patient ID:
Street Address:		City:	State:	Zip:
County:	Phone:	Ethnicity: Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N		Date of First Symptoms:
Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Other				

SUBMITTING AGENCY

Agency Name:				
Street Address:			Agency ID Code:	
City:	State:	Zip:	County:	
Contact Name:			Tel:	

FOR ASPHL USE ONLY
---TOP---**ORDERING PROVIDER INFORMATION**

Last Name:	First Name:	Title:	Tel:	
Provider Facility:			Tel:	
Street Address:				
City:	State:	Zip:	County:	

SPECIMEN INFORMATION

Collection Date:	<input type="checkbox"/> Clinical <input type="checkbox"/> Reference:			
Serum→ <input type="checkbox"/> Acute <input type="checkbox"/> Convalescent <input type="checkbox"/> Random	<input type="checkbox"/> Broth or <input type="checkbox"/> Isolate			
Blood→ <input type="checkbox"/> Purple Top(EDTA) <input type="checkbox"/> GreenTop(Heparin) <input type="checkbox"/> Other:				
CSF <input type="checkbox"/> Urine <input type="checkbox"/> Sputum <input type="checkbox"/> Induced Sputum <input type="checkbox"/> Stool				
Tissue, Specify:	<input type="checkbox"/> Swab, Site:			
Body Fluid, Specify:	<input type="checkbox"/> Other, Specify:			

Submitting Lab Findings or Preliminary ID:

Refer to the Microbiology [Guide to Laboratory Services](#) for more information on specific testing. **at least one test must be selected**

VIROLOGY/SEROLOGY:	BACTERIOLOGY:	PARASITOLOGY:
<input type="checkbox"/> Chikungunya virus (IgM EIA/PCR)	<input type="checkbox"/> <i>Bordetella pertussis</i>	<input type="checkbox"/> Blood/Tissue [Attach patient travel history]
<input type="checkbox"/> Dengue virus (IgM EIA/PCR)	<input type="checkbox"/> * <i>Clostridium botulinum</i> toxin	<input type="checkbox"/> <i>Giardia/Cryptosporidium</i>
<input type="checkbox"/> Hantavirus IgG & IgM EIA	<input type="checkbox"/> * <i>Corynebacterium diphtheriae</i>	Other:
<input type="checkbox"/> Influenza PCR	<input type="checkbox"/> CRE/CRPA (include AST results)	
<input type="checkbox"/> ^Avian lineages	<input type="checkbox"/> Enteric culture	
<input type="checkbox"/> ^anti-viral resistance	<input type="checkbox"/> Shiga-toxin producing <i>E. coli</i>	MYCOBACTERIOLOGY:
<input type="checkbox"/> ^Measles (IgM EIA/PCR)	<input type="checkbox"/> <i>Haemophilus influenzae</i>	<input type="checkbox"/> Culture
<input type="checkbox"/> ^MERS-CoV	<input type="checkbox"/> <i>Legionella</i> spp.	<input type="checkbox"/> ID (Referred Culture)
<input type="checkbox"/> ^Mumps (IgM EIA/PCR)	<input type="checkbox"/> <i>Leptospira</i> spp.	<input type="checkbox"/> Nucleic Acid Amplification [Call (602) 364-4750]
<input type="checkbox"/> Norovirus PCR	<input type="checkbox"/> <i>Listeria</i> spp.	<input type="checkbox"/> Smear
<input type="checkbox"/> Q-Fever(Phase I & II) IgG IFA	<input type="checkbox"/> <i>Neisseria meningitidis</i>	<input type="checkbox"/> Susceptibility
<input type="checkbox"/> Spotted Fever Group IgG IFA (RMSF)	<input type="checkbox"/> <i>Salmonella</i> spp.	
<input type="checkbox"/> Rubella IgM EIA	<input type="checkbox"/> <i>Shigella</i> spp. (serogrouping only)	SELECT AGENT:
<input type="checkbox"/> WNV IgM EIA & SLE IgM EIA	<input type="checkbox"/> <i>Vibrio</i> spp.	<input type="checkbox"/> * <i>Bacillus anthracis</i>
<input type="checkbox"/> ^Zika virus (IgM EIA/PCR)	<input type="checkbox"/> VISA/VRSA	<input type="checkbox"/> * <i>Brucella</i> spp.
<input type="checkbox"/> Other:	<input type="checkbox"/> <i>Yersinia</i> spp.	<input type="checkbox"/> * <i>Burkholderia</i> spp.
	<input type="checkbox"/> CIDT Organism Recovery	<input type="checkbox"/> * <i>Francisella tularensis</i>
	Organism ID:	<input type="checkbox"/> *Orthopox
	Other:	<input type="checkbox"/> * <i>Coxiella</i> , Q-Fever PCR
		<input type="checkbox"/> * <i>Yersinia pestis</i>

^Prior notification is required. Call (602) 364-3676 After Hours (480) 303-1191
 *Prior notification is required. Call (602) 542-6132 After Hours (480) 303-1191
 For information on shipping specimens and isolates to the state lab:
<http://www.azdhs.gov/lab/shipping-receiving.htm>
 Microbiology laboratory results may be made available to the local jurisdictional health department for review per A.R.S. §36-160