

Patient Information		Submitter Information	
Name (Last, First):		(Your Institution's WSLH Agency Number If Known) 701773	
Address:		(Your Institution's Name) ALABAMA DEPT OF PUBLIC HEALTH LAB	
City:	State:	Zip:	(Your Institution's Address) 204 LEGENDS COURT, PO BOX 1000
Date of Birth:	Gender: M F	(City, State, Zip Code) PRATTVILLE, AL 36067-9901	
Your Patient ID Number (optional):		Lab Point of Contact: Evelyn Geeter	Telephone Number:334-290-6186
Your Specimen ID Number (required):		<i>WSLH Use Only</i> Study: CDC VPD	<i>WSLH Use Only:</i> Bill To: (WSLH Account # 115520)
Date Collected: _____	Specimen Type:	Other _____	
Time Collected: _____	<input type="checkbox"/> Combined Throat/NP Swab	<input type="checkbox"/> BAL	<input type="checkbox"/> Skin Swab (Site: _____)
Date Shipped: _____	<input type="checkbox"/> Nasopharyngeal Swab	<input type="checkbox"/> CSF	<input type="checkbox"/> Whole Blood (EDTA)
	<input type="checkbox"/> Throat Swab	<input type="checkbox"/> Scab	<input type="checkbox"/> Isolate: (Source _____)
	<input type="checkbox"/> Buccal Swab	<input type="checkbox"/> Stool-in Cary Blair	
	<input type="checkbox"/> Nasopharyngeal Aspirate	<input type="checkbox"/> Urine	
Date of Symptom Onset:		Date of Rash Onset:	
Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Antibiotic Treatment (if administered prior to specimen collection):			
Vaccination History: Was patient vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If Yes, Date of Last Vaccination: / /			
Vaccine Type:	<input type="checkbox"/> MMR	<input type="checkbox"/> Varicella	<input type="checkbox"/> Tdap
	<input type="checkbox"/> MMRV	<input type="checkbox"/> DTap	<input type="checkbox"/> PCV13
		<input type="checkbox"/> PPSV23	<input type="checkbox"/> MPSV4
		<input type="checkbox"/> MCV4	<input type="checkbox"/> Hib
Submitter Lab Results:			
Culture/Identification Result: _____			
PCR:	Result:	Ct:	RP Ct:
Test Order:			
<input type="checkbox"/> VR01713 Measles virus PCR	<input type="checkbox"/> VR01737 Varicella zoster virus PCR		
<input type="checkbox"/> VR01733 Measles virus Genotyping	<input type="checkbox"/> VR01736 Varicella zoster virus Genotyping		
<input type="checkbox"/> VR01725 Rubella virus PCR	<input type="checkbox"/> MP00561 N. meningitidis PCR		
<input type="checkbox"/> VR01734 Rubella Genotyping	<input type="checkbox"/> MP00563 N. meningitidis Serogrouping		
<input type="checkbox"/> VR01714 Mumps virus PCR	<input type="checkbox"/> MP00651 H. influenzae PCR		
<input type="checkbox"/> VR01735 Mumps virus Genotyping	<input type="checkbox"/> MP00653 H. influenzae Serotyping		
<input type="checkbox"/> VR02889 Rhinovirus/Enterovirus RT-PCR			
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