

**PCR**

(Shaded area for lab use only)

ALABAMA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF CLINICAL LABORATORIES

8140 AUM Drive, P.O. Box 244018, Montgomery, AL 36124-4018 (334) 260-3400

Lab #

Name: Last	First	MI	Date	MM	DD	YY	83891	83898
County Health Dept. CHR-Number			Date of Birth	MM	DD	YY	Received	83902

Medicaid Number	Sex	Race
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Social Security Number	Date Collected	MM	DD	YY
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Symptoms:	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Myalgia	Onset Date:
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Fever	<input type="checkbox"/> Pharyngitis	MM DD YY
<input type="checkbox"/> Chills	<input type="checkbox"/> Headache	<input type="checkbox"/> Rash	
<input type="checkbox"/> Cough	<input type="checkbox"/> Malaise	<input type="checkbox"/> Other _____	

**Results:**

- No agent identified
- Agent identified \_\_\_\_\_
- Unsatisfactory \_\_\_\_\_

Analyst	MM	DD	YY
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Analyst

Date Reported

Travel History: (2 weeks prior to onset)	Test Requested:	
	<input type="checkbox"/> Influenza	<input type="checkbox"/> Enteric (Norovirus)
	<input type="checkbox"/> B. Pertussis	<input type="checkbox"/> Varicella zoster
	<input type="checkbox"/> Other Respiratory	<input type="checkbox"/> Other _____

Source of Specimen:	
<input type="checkbox"/> Throat Swab	<input type="checkbox"/> Stool
<input type="checkbox"/> Nasopharyngeal Wash	
<input type="checkbox"/> Other _____	

Quick Test Results:

Mail Report to:

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Phone: ( ) -

Requesting Physician:

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Provider Number