Bureau of Clinical Laboratories
P O Box 1000
Prattville, AL 36067
334-290-6130

Alabama Department of Public Health (ADPH)
Bureau of Clinical Laboratories (BCL)
Requisition Form for Laboratory Testing

Mobile Division Laboratory
757 Museum Drive
Mobile, AL 36608
251-344-6049

Complete a separate form for each test requested. Ensure all requested information is complete and correct before submission.

Patient Information

Patient ID Number/MRN

Specimen Collection Date / /

Patient First & Last Name

Date of Birth (mm/dd/yyyy) / /

Specimen Source

Date of Onset / /

Hospitalized
☐ No ☐ Unknown
☐ Yes
If yes, in ICU?
☐ No ☐ Unknown
☐ Yes

Race (mark all that apply)
☐ American Indian/ Alaska Native
☐ Asian
☐ Black/African-American
☐ Native Hawaiian/Pacific Islander
☐ White/Caucasian
☐ Unknown

Ethnicity
☐ Hispanic or Latino
☐ Non-Hispanic or Latino
☐ Unknown

Sex
☐ Male
☐ Female
Pregnant?
☐ No ☐ Unknown
☐ Yes

Patient Street Address

City | **State** | **Zip**

Patient SSN | **Patient Phone Number**

Healthcare Provider Information

Facility Name

Physician/Requestor First & Last Name | **NPI#**

Street Address

City | **State** | **Zip**

Phone Number | **Fax Number**

Laboratory Use Only

Insurance Information (Include copy of insurance card)

Bill To ☐ Patient's Insurance ☐ Patient ☐ Ordering Facility ☐ ADPH Program _____

Insurance Carrier
☐ BC/BS
☐ United Healthcare
☐ Medicaid
☐ Medicare
☐ No Insurance
☐ Other (Specify) _____

Policy Holder's First & Last Name | **ID Number** | **Group Number**

Policy Holder's DOB (mm/dd/yyyy) / /

Policy Holder's Mailing Address

Relationship of Insured to Patient (Self, Spouse, Child, etc.)

Diagnosis Code(s) ICD-10 | Code 1 | Code 2 | Code 3

Test Order Request

☐ CT/GC/TV
☐ Syphilis - History of treatment? ☐ Yes / ☐ No
☐ HIV EIA
☐ Blood Lead ☐ Capillary ☐ Venous Follow-up? ☐ Yes / ☐ No
☐ HIV Viral Load ☐ HIV Genotyping
☐ Lymphocyte Subset (CD4)
☐ Hepatitis A-IgM ☐ Hepatitis C-Antibody ☐ Hepatitis C-Viral Load
☐ Hepatitis B-Surface Antibody ☐ Hepatitis B-Surface Antigen
Post Vaccine Employee? ☐ Yes / ☐ No Needle Stick? ☐ Yes / ☐ No
☐ CBC without differential
Chemistry Panel (Only one form required per Chemistry request)
☐ Comprehensive Metabolic ☐ Lipid
☐ Basic Metabolic ☐ Thyroid
☐ Renal Function ☐ TB
☐ Hepatic Function ☐ Electrolytes
☐ Chemistry Analyte(s) _____
☐ AFB
☐ Mycology
☐ Influenza –Rapid test result: _____
☐ Arboviral Testing: _____
☐ Microbiology – Reference / Gram Stain _____
☐ Microbiology – *Salmonella* / *Shigella*
☐ Microbiology – PCR Test _____
☐ Urine Culture Symptomatic / Post Treatment / Other: _____
☐ Other: _____

Additional Information That Might Be Required

Recent Travel? ☐ Yes / ☐ No When? _____
Where? _____
Recent Vaccine? ☐ Yes / ☐ No When? _____
What type? _____
Animal Exposure? ☐ Yes / ☐ No Exposure Date: ___/___/___/

COVID-19 (*Federally Required)

☐ COVID-19
*Is this first COVID-19 test? ☐ Yes / ☐ No / ☐ Unknown
If Rapid Ag performed: ☐ Positive / ☐ Negative / ☐ Unknown
*Symptomatic as defined by CDC? ☐ Yes / ☐ No / ☐ Unknown
*Resident in a congregate care setting? ☐ Yes / ☐ No / ☐ Unknown
*Employed as healthcare worker? ☐ Yes / ☐ No / ☐ Unknown

Special Instructions (Surveillance Only)

_____
_____
_____
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