Bureau of Clinical Laboratories
204 Legends Court
Prattville, AL 36066
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

Specimen Type

Hospitalized
☐ No ☐ Unknown
☐ Yes

Date of Onset / /

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**

Arrival Temperature: _____°C | Initials: _____ | Time: _____

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 Requested

☐ CT/GC/TV
☐ Syphilis – History of treatment? ☐ Yes / ☐ No
☐ HIV Screening ☐ HIV Viral Load
☐ Blood Lead ☐ Capillary ☐ Venous Follow-up? ☐ Yes / ☐ No
☐ Lymphocyte Subset (CD4) ☐ 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 with differential ☐ CBC without differential
Chemistry Panels (Only one form required per Chemistry request)
☐ Comprehensive Metabolic ☐ Lipid
☐ Basic Metabolic ☐ Thyroid
☐ Renal Function ☐ Electrolytes
☐ Hepatic Function
☐ Chemistry Analyte(s): _____
☐ AFB
☐ Mycology
☐ Influenza – Rapid test result: _____
☐ Arboviral Testing: _____
☐ Microbiology – Reference / Gram Stain: _____
☐ *Salmonella / Shigella* ☐ *Campylobacter* ☐ *Vibrio* ☐ *E. coli*
☐ Enteric Fecal Screen
☐ Microbiology – PCR: _____
☐ Parasitology
☐ Urine Culture Symptomatic / Post Treatment / Other: _____
☐ COVID-19
☐ Other Test: _____

Additional Information That Might Be Required

Suspected Agent: _____
Outbreak/Case ID: _____
Recent Travel? ☐ Yes / ☐ No Dates: ____/____/____–____/____/____
Where? _____
Recent Vaccine? ☐ Yes / ☐ No Date: _____/_____/_____
What type? _____
Animal Exposure? ☐ Yes / ☐ No Exposure Date: _____/_____/_____

Special Instructions