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| 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) BUREAU OF CLINICAL LABS, 8140 AUM DR |
| Date of Birth: | Gender: M F | (City, State, Zip Code) MONTGOMERY, AL 36117-7001 | |
| Your Patient ID Number (optional): | | Lab Point of Contact: | Telephone Number: |
| Your Specimen ID Number (required): | | <i>WSLH Use Only</i> Study: CDC VPD | <i>WSLH Use Only: Bill To:</i> (WSLH Account # xxxx) |
| Date Collected: _____ | Specimen Type: | | |
| Time Collected: _____ | Other _____ | | |
| Date Shipped: _____ | <input type="checkbox"/> Combined Throat/NP Swab | <input type="checkbox"/> BAL | <input type="checkbox"/> Skin Swab (site: _____) |
| | <input type="checkbox"/> Nasopharyngeal Swab | <input type="checkbox"/> CSF | <input type="checkbox"/> Acute Serum |
| | <input type="checkbox"/> Throat Swab | <input type="checkbox"/> Scab | <input type="checkbox"/> Convalescent Serum |
| | <input type="checkbox"/> Buccal Swab | <input type="checkbox"/> Stool-raw | <input type="checkbox"/> Whole Blood (EDTA) |
| | <input type="checkbox"/> Nasopharyngeal Aspirate | <input type="checkbox"/> Urine | <input type="checkbox"/> Isolate: (Source _____) |
| Date of Symptom Onset: | | Date of Rash Onset: | |
| Antibiotic Treatment (if administered prior to specimen collection): | | | |
| Cough Duration (for pertussis specimens only): | | | |
| 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"/> DTap |
| | <input type="checkbox"/> MMRV | <input type="checkbox"/> Rota | <input type="checkbox"/> Tdap |
| | | <input type="checkbox"/> PCV13 | <input type="checkbox"/> PPSV23 |
| | | <input type="checkbox"/> MCV4 | <input type="checkbox"/> MPSV4 |
| | | | <input type="checkbox"/> Hib |
| Submitter Lab Results: | | | |
| Test | Results | | |
| Culture/Identification | _____ | | |
| PCR | _____ | | |
| Serology IgM | _____ | | |
| Serology IgG | _____ | | |
| Test Order: | | | |
| <input type="checkbox"/> SS02171 Measles IgM Serology | <input type="checkbox"/> SS02275 B. pertussis anti PT IgG Antibody | | |
| <input type="checkbox"/> VR01713 Measles virus PCR | <input type="checkbox"/> MP00315 Bordetella spp. PCR | | |
| <input type="checkbox"/> VR01733 Measles virus Genotyping | <input type="checkbox"/> MP00461 S. pneumoniae PCR | | |
| <input type="checkbox"/> VR01725 Rubella virus PCR | <input type="checkbox"/> MP00463 S. pneumoniae Serotyping | | |
| <input type="checkbox"/> VR01734 Rubella Genotyping | <input type="checkbox"/> MP00561 N. meningitidis PCR | | |
| <input type="checkbox"/> VR01714 Mumps virus PCR | <input type="checkbox"/> MP00563 N. meningitidis Serogrouping | | |
| <input type="checkbox"/> VR01735 Mumps virus Genotyping | <input type="checkbox"/> MP00651 H. influenzae PCR | | |
| <input type="checkbox"/> VR01727 Varicella zoster virus PCR | <input type="checkbox"/> MP00653 H. influenzae Serotyping | | |
| <input type="checkbox"/> VR01736 Varicella zoster virus Genotyping | <input type="checkbox"/> VR01724 Rotavirus PCR | | |
| WISCONSIN STATE LABORATORY OF HYGIENE USE ONLY | | | |