Bureau of Clinical Laboratories
P.O. Box 244018
Montgomery, AL 36124-4018
334-260-3400

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

As of 1/1/14, all specimens (except newborn screening) require the patient's demographic and insurance information.
Complete a separate form for each test requested.

Patient Information

Patient ID Number/MRN

Specimen Collection Date / /

Patient Name (Last and First)

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

Specimen Source

Date of Onset / /

Hospitalized
- ☐ Yes
- ☐ No

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
- ☐ Yes ☐ No

Patient Street Address

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

Patient SSN | **Patient Phone Number**

Healthcare Provider Information

Facility Name

Physician/Requestor Name (Last and First) | **NPI#**

Street Address

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

Phone Number | **Fax Number**

Laboratory Use Only

Insurance Information (Please 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 Name (Last, First, MI) | **ID Number** | **Group Number**

Policy Holder's DOB (mm/dd/yyyy) | **Policy Holder's Mailing Address** | **Patient's Relationship to Policy Holder (Self, Child, Spouse, Unknown)**

Diagnosis Code(s) | Code 1 | Code 2 | Code 3

Test Requested

Frequently Ordered

Recent Travel? Select one When and where? _____
Recent Vaccine? Select one When and what type? _____

- ☐ CT/GC/TV
- ☐ Syphilis History of treatment? Select one
- ☐ HIV EIA HIV EIA Form #_____
- ☐ Blood Lead ☐ Capillary ☐ Venous Follow-up? Select one
- ☐ HIV Viral Load ☐ HIV Genotyping
- ☐ Lymphocyte Subset (CD4)
- ☐ Hepatitis B Surface Antibody ☐ Hepatitis B Surface Antigen
  Post Vaccine Employee? Select one Needle Stick? 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) _____
- ☐ Influenza Rapid test result: _____
- ☐ Urine Culture Symptomatic / Post Treatment / Other:_____
- ☐ Arboviral Testing Agent suspected: _____
- ☐ Other Test _____

AFB/Mycology/Microbiology

- ☐ AFB
- ☐ Mycology
- ☐ Microbiology – Reference/Gram Stain _____
- ☐ Microbiology – *Salmonella/Shigella*
- ☐ Microbiology – PCR Test _____
- ☐ Other _____

Agent suspected: _____

Special Instructions: _____