Division of Laboratory Services
Clinical Submission Requisition

Place State Lab Accession Label Here
(TDH use only)

***Indicates Required Fields**
Final test reports cannot be issued if required information is missing

SPECIMEN COLLECTION INFORMATION

***Last Name:**		***First Name:**	MI:
***DOB:**		***Gender:** □ Male □ Female	Ethnicity: □ Hispanic □ Non-Hispanic
Race: □ American Indian □ Asian □ Black □ Hawaiian/Pacific Islander □ White □ Other (________________)			
Address:			
City:	State:	Zip Code:	Outbreak Number:
***Date of Collection:**	***Specimen Type & Source:**		***County of Residence:**

SUBMITTER INFORMATION

***Submitting Facility:**	Patient Medical Record Number:	
Address:	Phone Number:	Fax Number:
City:	State:	Zip Code:
***Ordering Provider:**	Phone Number:	Fax Number:
Sample Collection Facility:	Patient Medical Record Number:	
Address:	Phone Number:	Fax Number:
City:	State:	Zip Code:
Point of Contact:	Phone Number:	Fax Number:

*TEST REQUESTED

Culture
- □ Actinomycete (Aerobic)
- □ Aerobe
- □ Anaerobe
- □ Enteric
- □ Gonorrhea
- □ Herpes Simplex Virus
- □ Legionella
- □ Mycobacteria Smear & Culture
- □ Mycobacteria Reference Isolate
- □ Mycology
- □ Viral: Virus Suspected ______________

Parasitology
- □ Blood Parasite
- □ Ova & Parasite
- □ Cryptosporidium

Serology
- □ Arbovirus Panel
- □ HBV Screen
- □ HCV Screen
- □ HIV Screen
- □ Measles/Rubella IgM
- □ Syphilis RPR
- □ VDRL

Molecular
- □ Bordetella (Pertussis) PCR
- □ *C.trachomatis*/*N.gonorrhoeae* (GenProbe)
- □ GI Panel (Biofire)
- □ ESBL
- □ Norovirus PCR
- □ Plasmodium PCR

ARLN
- □ *C. auris* Colonization
- □ *Candida* species Confirmation
- □ CRE/CRPA/CRAB Colonization
- □ CRE/CRPA/CRAB Confirmation

□ **Other Miscellaneous (Please specify)**____

ADDITIONAL INFORMATION

Is this an isolate/specimen being submitted in response to the TDH Reportable Diseases and Events Guidelines? □ No □ Yes

Is this an isolate/specimen being submitted as part of a surveillance program? □ No □ Yes If yes, program name: ______________

Please provide the following information with regard to isolates/specimens submitted:
Gram Stain Reaction: ________________ Other lab tests performed and results: ______________________________
Automated ID if applicable: ______________________________ Suspected Organism: ______________________________

LABORATORY FACILITIES

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