



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**

<b>*Last Name:</b>		<b>*First Name:</b>		MI:
<b>*DOB:</b>		<b>*Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)				
Address:				
City:	State:	Zip Code:	Outbreak Number:	
<b>*Date of Collection:</b>		<b>*Specimen Type &amp; Source:</b>		<b>*County of Residence:</b>

**SUBMITTER INFORMATION**

<b>*Submitting Facility:</b> VUMC Virology Laboratory TVC 4522		Patient Medical Record Number:			
Address:	1301 Medical Center Drive	Phone Number:	615-322-0215	Fax Number:	615-936-6420
City:	Nashville	State:	TN	Zip Code:	37232
<b>*Ordering Provider:</b>		Phone Number:	Fax Number:		
<b>Sample Collection Facility:</b>		Patient Medical Record Number:			
Address:		Phone Number:	Fax Number:		
City:		State:	Zip Code:		
Point of Contact:		Phone Number:	Fax Number:		

**\*TEST REQUESTED**

<b>Culture</b>	<b>Parasitology</b>	<b>Molecular</b>
<input type="checkbox"/> Actinomycete (Aerobic)	<input type="checkbox"/> Blood Parasite	<input type="checkbox"/> Bordetella (Pertussis) PCR
<input type="checkbox"/> Aerobe	<input type="checkbox"/> Ova & Parasite	<input type="checkbox"/> <i>C.trachomatis/N.gonorrhoeae</i> (GenProbe)
<input type="checkbox"/> Anaerobe	<input type="checkbox"/> Cryptosporidium	<input type="checkbox"/> GI Panel (Biofire)
<input type="checkbox"/> Enteric	<b>Serology</b>	<input type="checkbox"/> ESBL
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Arbovirus Panel	<input type="checkbox"/> Norovirus PCR
<input type="checkbox"/> Herpes Simplex Virus	<input type="checkbox"/> HBV Screen	<input type="checkbox"/> Plasmodium PCR
<input type="checkbox"/> Legionella	<input type="checkbox"/> HCV Screen	<b>ARLN</b>
<input type="checkbox"/> Mycobacteria Smear & Culture	<input type="checkbox"/> HIV Screen	<input type="checkbox"/> <i>C. auris</i> Colonization
<input type="checkbox"/> Mycobacteria Reference Isolate	<input type="checkbox"/> Measles/Rubella IgM	<input type="checkbox"/> <i>Candida</i> species Confirmation
<input type="checkbox"/> Mycology	<input type="checkbox"/> Syphilis RPR	<input type="checkbox"/> CRE/CRPA/CRAB Colonization
<input type="checkbox"/> Viral: Virus Suspected _____	<input type="checkbox"/> VDRL	<input type="checkbox"/> CRE/CRPA/CRAB Confirmation
<input type="checkbox"/> <b>Other Miscellaneous (Please specify)</b> _____		

**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**

Nashville Laboratory: P.O.Box 305130, Nashville, TN 37230 (USPS) <u>OR</u> 630 Hart Lane, Nashville, TN 37216 (FedEx, UPS, courier delivery) Richard Steece, PhD, D(ABMM), Public Health Laboratory Director	Main Line: (615) 262-6300
Knoxville Regional Laboratory: 2101 Medical Center Way, Knoxville, TN 37920 George J. Dizikes, PhD, HCLD/CC (ABB), Public Health Laboratory Director	Main Line: (865) 549-5201
Shelby County Health Department: 814 Jefferson Avenue, Memphis, TN 38105 Vickie Baselski, PhD, D(ABMM), Public Health Laboratory Director	Main Line: (901) 222-9477