Lab Form 93

Lab Test Request Form
BACTERIOLOGY

Revision 09/2014

BOLD PRINT INDICATES REQUIRED INFORMATION. INCOMPLETE INFORMATION MAY CAUSE SPECIMEN REJECTION.

Patient Information

First Name: **Last Name:** Middle Initial: **Date of Birth:** / /

Address: City:

State: Zipcode: Parish:

Marital Status:
- ☐ Divorced
- ☐ Widowed
- ☐ Married
- ☐ Unknown
- ☐ Separated
- ☐ Other
- ☐ Single

Gender:
- ☐ Male
- ☐ Female

Hispanic?

Race:
- ☐ AI - American Indian/Alaskan Native
- ☐ AP- Asian Pacific
- ☐ BL - Black/African American
- ☐ MR - More than One
- ☐ PI - Pacific Islander/Native Hawaiian
- ☐ OT - Other
- ☐ WH - White/Caucasian
- ☐ UK - Unknown/Unreported

Medicaid Number	Chart Number	Bayou Health Plan Name	Bayou Health Identification Number

Medical Provider Name	**Medical Provider ID Number**	Clinic Type or OPH Code

Specimen Information

For test information, see www.lab.dhh.louisiana.gov or email questions to oph.publichealthlab@la.gov

Test Requested:
- ☐ Salmonella
- ☐ Shigella
- ☐ Campylobacter
- ☐ Shiga Toxin Producing E. coli
- ☐ E. coli 0157
- ☐ Yersinia
- ☐ Vibrio
- ☐ L. monocytogenes
- ☐ N. meningitidis
- ☐ H. influenzae
- ☐ B. pertussis
- ☐ B. parapertussis
- ☐ S. pneumoniae (sterile site)
- ☐ VRE (sterile site)
- ☐ Other (organism suspected) _____

Date of Collection: / / **Time:** :

Specimen Source:
- ☐ Stool
- ☐ Blood
- ☐ CSF
- ☐ Urine
- ☐ Wound
- ☐ Other

Specimen Type: ☐ Isolate ☐ Other _____

Submitted On:
- ☐ Cary Blair
- ☐ TSI Slant
- ☐ Blood Slant
- ☐ Loeffler Slant
- ☐ Nutrient Agar Slant
- ☐ Choc Slant
- ☐ Dry Swab
- ☐ TSA Slant
- ☐ Regan Lowe
- ☐ Other _____

Inoculation Date: Shipping Date:

Submitter Information

If you know your StarLims Facility Identification Number, enter it here.

Facility Name:

Facility Address:

Contact Person:

Phone/Fax: /

Optional - Facility Stamp

Ship Specimens to DHH-OPH Central Lab, 1209 Leesville Avenue, Baton Rouge, LA 70802

TO BE COMPLETED BY STATE LABORATORY

LABORATORY NUMBER:

TEMPERATURE:

MEDIA LOT NUMBER AND EXPIRATION:

DATE/TIME RECEIVED STAMP: