



New York City Department of Health and Mental Hygiene
PUBLIC HEALTH LABORATORY
 NYC DOHMH 455 First Avenue New York, NY
 Microbiology Section: Tel 212.447-6783 Fax 212.447-8258
 Virology Section: Tel 212.447-2864 Fax 212.447-2877
 Jennifer Rakeman, Ph.D., Assistant Commissioner
 NYS CLEP PERMIT # : PFI 3849 CLIA #: 33D0679872
LABORATORY TEST REQUEST

PHL USE ONLY

***Required Information**

PATIENT INFORMATION				
LAST NAME*		FIRST NAME*		MIDDLE INITIAL
DATE OF BIRTH* (MM/DD/YYYY)		SEX * Male Female Transgender F → M Transgender M → F		
RACE: White American Indian/Alaskan Native Asian Black/African American Other		ETHNICITY: Hispanic Non-Hispanic Unknown		
AREA OF BIRTH: Africa Asia Caribbean Central America South America Europe Middle East North America		Country of Birth:		
PATIENT ID NUMBER		PATIENT MEDICAL RECORD NUMBER*		PATIENT PREGNANT? Yes No Unknown
ADDRESS*		CITY*		STATE* ZIP*
TELEPHONE		PHYSICIAN (if not submitter include contact info)		
SUBMITTER INFORMATION				
NAME OF SUBMITTING HOSPITAL, LABORATORY, or OTHER FACILITY*			PROVIDER ID #	
PRIMARY CONTACT or PHYSICIAN	LAST NAME*		FIRST NAME*	
ADDRESS (including bldg. and room)*		CITY*		STATE* ZIP*
TELEPHONE*		PAGER/CELL*	FAX	EMAIL
SPECIMEN INFORMATION				
DATE OF COLLECTION* (MM/DD/YYYY):			TIME OF COLLECTION (00:00): AM PM	
Reason for submission* DIAGNOSTIC CONFIRMATORY OUTBREAK FOLLOW UP SURVEILLANCE <small>DOHMH REQUEST (if checked, complete A & B below)</small>				
A. DOHMH bureau		BCD	BOI	BSTDC
		OEI	OTHER (specify)	
DOHMH INVESTIGATION CODE:				
B. DOHMH contact	Last Name		First Name	
Specimen type *	Blood Culture Bottles Swab	Blood tube Swab-VTM	Isolate Swab	Para-Pak UPT
	Primary Specimen Other (specify)		Slide	Sterile Container
Specimen source	Abscess Nasopharynx Throat	Anorectal Oropharynx Tissue/lesion	Blood Plasma Urethral	Body fluid Respiratory Urine
	Bronchial wash Wound		Cervix Serum Other (specify)	CSF Sputum Sputum, induced
Additional comments/ Clinical syndrome			Date of symptom onset: (MM/DD/YYYY)	
MICROBIOLOGY			VIROLOGY (DOHMH Authorized Only)	
AFB	ENTERIC BACTERIOLOGY	GENERAL BACTERIOLOGY	SEROLOGY	VIRUS Identification
First time diagnosis	<i>Campylobacter</i> spp. ID	GC culture	West Nile Virus IgG	Respiratory Panel
Previously MTB Positive	<i>rlo</i> STX <i>E. coli</i>	Gen bacteriology isolate ID	West Nile Virus IgM	Gastrointestinal Panel
Primary culture	Confirm STX <i>E. coli</i>	Gen bacteriology culture - OCME	HIV Serology	Influenza RT-PCR
Primary culture + NAAT	<i>Salmonella</i> serotyping	Antimicrobial susceptibility test (specify antibiotics):	Measles IgG	Measles RT-PCR
Referral culture ID	<i>rlo Salmonella typhi</i>		Measles IgM	Mumps RT-PCR
Referral culture ID & AST	<i>Shigella</i> serotyping & AST	MRSA/VISA confirmation	Mumps IgG	MERS-CoV RT-PCR
Referral NAAT + culture	<i>Vibrio</i> spp. ID	<i>H. influenza</i> serotyping	Mumps IgM	Dengue RT-PCR
Genotyping	<i>Yersinia</i> spp. ID	<i>L. monocytogenes</i> serotyping	Rubella IgG	Norovirus RT-PCR
BIOTHREAT AGENTS		<i>N. meningitidis</i> serotyping	Rubella IgM	Chikungunya RT-PCR
<i>B. anthracis</i> ID	Enteric isolate ID - other	<i>B. pertussis</i> culture	Varicella-Zoster IgG	Zika NAAT
<i>Brucella</i> spp. ID	STOOL MOLECULAR	<i>Legionella</i> culture	Varicella-Zoster IgM	Virus Culture If isolate submitted, specify cell line:
<i>Burkholderia mallei</i> ID	CT/NG by NAAT	<i>Legionella</i> DFA only	Zika Serology	
<i>Burkholderia pseudomallei</i> ID	MOLECULAR TYPING		Hepatitis A Serology	
<i>F. tularensis</i> ID	PFGE (submit pure culture; specify genus & species):			
<i>rlo Smallpox</i>				
<i>Y. pestis</i> ID				
<i>C. botulinum toxin</i> ID				
Other:			Send out:	