**Molecular Typing**

**Public Health Laboratory Test Request**

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**For Lab Use Only**

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**Please print clearly:**

**DATE** *(MM/DD/YYYY):*

* REQUIRED INFORMATION

**1. Sample Information**

<table>
<thead>
<tr>
<th>For PHL only</th>
<th>Sample ID</th>
<th>Source of Culture</th>
<th>Date of Culture <em>(MM/DD/YYYY)</em></th>
<th>Ward of Isolation</th>
<th>Comments</th>
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</table>

**2. Submitter Information**

**NAME OF SUBMITTING HOSPITAL, LABORATORY, or OTHER FACILITY ETC.*:**

**PROVIDER ID#:**

**PRIMARY CONTACT or PHYSICIAN- LAST NAME*:**

**FIRST NAME*:**

**ADDRESS*:**

**CITY*:**

**STATE*:**

**ZIP*:**

**TELEPHONE*:**

**Pager/Cell*:**

**Fax:**

**EMAIL:**

**3. Specimen Information**

**Reason for submission**: ☐ OUTBREAK ☐ SURVEILLANCE ☐ DOHMH REQUEST *(if checked complete A & B)*

**A. DOHMH bureau**

| ☐ BCD | ☐ BOI | ☐ OEI | ☐ OTHER (specify): | DOHMH EVENT CODE: |

**B. DOHMH contact**

**Last Name:**

**First Name:**

**Is this submission for referral?**: ☐ NO ☐ YES *(IF YES CHECK ONE):** ☐ NYS ☐ CDC ☐ OTHER (specify):

**Specimen type**

**Requirement for submission:** Pure culture of the organism identified to the species level.

**Specify:**

**Additional comments**

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**4. Test(s) Requested**

☐ PFGE *(PULSED FIELD GEL ELECTROPHORESIS)*

☐ OTHER:

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*Failure to provide the required information or any discrepancy relating to the specimen submitted, may result in an inability to test or a delay in the release of test results.*