Lab Form 96

Lab Test Request Form
VIROLOGY / IMMUNOLOGY

Revision 09/2013

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*

- Influenza Real Time RT-PCR
- Respiratory Virus Panel
- Norovirus GI and GII
- Arbovirus Panel
- Hepatitis B
- Hepatitis B Immunization
- Hepatitis C
- Rubella
- Mumps
- Dengue
- Orthopox
- MERS-CoV

Vaccination Date:

Risk Factors:

- Other

Date of Collection: / / **Time:** : Frozen Date and Time:

Specimen Type: Swab Aspirate/Wash Tissue Viral Culture Original Material Other

Specimen Source: Nasal Nasopharynx Trachea Blood Vomitus Other
Oropharynx Bronchii CSF Stool Serum (Acute / Convalescent)

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:

TUBE EXPIRATION:

Collection Tube	*Viral Transport*	*Other*

DATE/TIME RECEIVED STAMP: