

Instructions for Completing and Submitting the Bacteriology Lab Test Request Form

(Lab Form 93)

These instructions detail the steps for completing the online Bacteriology Lab Test Request Form (Lab Form 93) for specimens submitted to the Louisiana Office of Public Health Microbiology Laboratory. Included in these instructions are steps for completing data entry in the fillable PDF file format and instructions for printing and submission of the form. All fields in **bold** are mandatory and must be completed.

1. Enter the first and last name of the patient into the **First Name** and **Last Name** text fields.
2. Enter the date of birth of the patient into the **Date of Birth** text field in the following format:
MM/DD/YYYY
3. Enter the sex of the patient by selecting the appropriate box in the **Sex** field.
4. Enter a second unique identifier (i.e. medical record number, accession number, etc.) into the **Patient Second Unique Identifier** field. DO NOT enter the date of birth in this field. The submitted specimen must be labeled with this second unique identifier.
5. Enter the test requested into the **Test Requested** field by selecting the appropriate test from the dropdown. If "Other" is selected, the specific organism suspected must be specified in the field provided.
6. Enter the date of specimen collection into the **Date of Collection** field in the following format:
MM/DD/YYYY
7. Enter the time of specimen collection into the **Time** field in the following format: HH:MM
8. Enter the specimen source into the **Specimen Source** field by selecting the appropriate source from the dropdown. If "Other" is selected, the specific source must be specified in the field provided.
9. Enter the media type used for specimen submission into the **Submitted on** field by selecting the appropriate media from the dropdown. If "Other" is selected, the media type must be specified in the field provided.
10. Enter the specimen type into the **Specimen Type** field by selecting the appropriate option from the dropdown. If "Other" is selected, the specimen type must be specified in the field provided.
11. Enter the media inoculation date into the **Inoculation Date** field in the following format:
MM/DD/YYYY
12. Enter the shipping date into the **Shipping Date** field in the following format: MM/DD/YYYY
13. Enter the facility name and address into the **Facility Name** and **Facility Address** fields.
14. Enter the name of the facility contact person into the **Contact Person** field.
15. Enter the name of the Physician/Laboratory Director in the **Physician/Laboratory Director** field.
16. Enter the phone and fax numbers into the **Phone/Fax** field.
17. Click on the Print icon in the lower right corner of the Lab Form 93.
18. Click on the Print button in the Adobe Acrobat Reader popup print window.
19. Submit the completed, printed Lab Form 93 with the specimen(s) submitted to the OPH Microbiology Laboratory.

Note: In order to print the Lab Form 93 all mandatory fields must be completed.