Lab Form 93

LDH-OPH Laboratory Test Request Form BACTERIOLOGY

Revision 07/2019

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
- Married
- Separated
- Single
- Widowed
- Unknown
- Other

Sex:
- Male
- Female

Hispanic?

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

Medicaid Number	Chart Number	Healthy Louisiana Plan Name	Healthy Louisiana Identification Number

Medical Provider Name	**Patient Second Unique Identifier**	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:

If Other is selected, please specify specific organism suspected.

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

Specimen Source:

If Other is selected, please specify the Specimen Source below.

Submitted on:

If Other is selected, please specify what the specimen is submitted on below.

Specimen Type:

If Other is selected, please specify the Specimen Type below.

Inoculation Date: / /

Shipping Date: / /

Submitter Information

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

Facility Name:

Facility Address:

Contact Person:

Physician/Laboratory Director:

Phone/Fax: /

Optional - Facility Stamp

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

Print

TO BE COMPLETED BY STATE LABORATORY

LABORATORY NUMBER:

TEMPERATURE:

MEDIA LOT NUMBER AND EXPIRATION:

DATE/TIME RECEIVED STAMP: