

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Public Health Laboratory Request Form

P.O. Box 4369, Helena, MT 59604-4369
(406) 444-3444 (800) 821-7284 CLIA ID # 27D0652531

DPHHS PHL 0117

PATIENT INFORMATION (please PRINT legibly)	PROVIDER INFORMATION
LAST NAME <input type="text"/> FIRST NAME <input type="text"/> PATIENT ID # <input type="text"/> PATIENT ADDRESS <input type="text"/> PATIENT CITY OF RESIDENCE <input type="text"/> STATE ZIP CODE DATE OF BIRTH <input type="text"/> / <input type="text"/> / <input type="text"/>	PHYSICIAN / CLINICIAN NAME <input type="text"/> NATIONAL PROVIDER IDENTIFIER (NPI) <input type="text"/> GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
	MTPHL USE ONLY

TEST(S) REQUESTED INFORMATION		
Serology: <input type="checkbox"/> Blood Lead <input type="checkbox"/> Brucella Antibody <input type="checkbox"/> CTFV IgG Serology <input type="checkbox"/> Hantavirus IgG & IgM Serology <input type="checkbox"/> Hepatitis - Acute Panel <input type="checkbox"/> Hepatitis A IgM Antibody <input type="checkbox"/> Hepatitis B Surface Antigen <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Hepatitis B Total Core Antibody <input type="checkbox"/> Hepatitis B Core IgM Antibody <input type="checkbox"/> Hepatitis C Ab with Reflex as needed <input type="checkbox"/> Herpes Simplex Virus IgG Serology <input type="checkbox"/> HIV Ab/Ag Combo with Reflex Confirmation <input type="checkbox"/> Legionella IgG Serology <input type="checkbox"/> Lyme Total Abs with Reflex Confirmation <input type="checkbox"/> Mumps IgG Serology <input type="checkbox"/> Q Fever IgG Serology <input type="checkbox"/> RMSF IgG Serology <input type="checkbox"/> Rubella IgG <input type="checkbox"/> Rubeola (Measles) IgG <input type="checkbox"/> Syphilis Screen with Reflex Confirmation <input type="checkbox"/> Syphilis Confirmation (TP-PA) <input type="checkbox"/> TB - QuantiFERON Gold In-Tube Testing Time Collected: Incubated 16 - 24 hrs? Yes No <input type="checkbox"/> Tick Borne Disease Panel + Lyme <input type="checkbox"/> Tick Borne Disease Panel <input type="checkbox"/> Tularemia Antibody <input type="checkbox"/> Varicella Zoster Virus IgG <input type="checkbox"/> West Nile Virus IgM <input type="checkbox"/> West Nile Virus IgG	Sterilizer Monitoring: <input type="checkbox"/> Autoclave Monitoring-BT Test Microbiology <input type="checkbox"/> Bacteriology Culture/ID, Aerobic <input type="checkbox"/> Bacteriology Culture/ID, Anaerobic <input type="checkbox"/> BT Agent Rule Out (list in Comments) <input type="checkbox"/> EHEC (STEC) Toxin Test <input type="checkbox"/> Enteric Panel Culture, includes EHEC <input type="checkbox"/> Fungus Culture/ID <input type="checkbox"/> Legionella Direct Detection/Culture/ID <input type="checkbox"/> Malaria Screen <input type="checkbox"/> Modified Acid Fast Stain <input type="checkbox"/> Neisseria gonorrhoeae Culture/ID <input type="checkbox"/> Vibrio screen <input type="checkbox"/> Yersinia screen <input type="checkbox"/> Cryptosporidium/Giardia EIA screen <input type="checkbox"/> Cryptosporidium/Cyclospora Detection <input type="checkbox"/> Ova and Parasite Exam Chlamydia Culture <div style="border: 1px solid black; padding: 2px; text-align: center;">No longer available. See STD Testing.</div> Zika Testing (Is the patient pregnant? Y / N) <input type="checkbox"/> Zika Serology (IgM) <input type="checkbox"/> Zika Triplex PCR Serum <input type="checkbox"/> Zika Triplex PCR Serum/Urine Combo <small>(Triplex PCR Includes Dengue and Chikangunya)</small>	Surveillance Cultures: Type of Isolate: _____ <input type="checkbox"/> CRE Confirmation <input type="checkbox"/> ESBL Confirmation <input type="checkbox"/> GC Confirmation/Susceptibility <input type="checkbox"/> Influenza Confirmation <input type="checkbox"/> MRSA Confirmation <input type="checkbox"/> Salmonella/Shigella/E. coli/Campy <input type="checkbox"/> VRE Confirmation <input type="checkbox"/> Other Surveillance Confirmation Virus Culture: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> MT PHL is no longer performing viral culture. There are several Molecular Testing methods available for viral testing. </div> TB/Mycobacteriology: <input type="checkbox"/> TB Mycobacteria Smear/Culture/ID <input type="checkbox"/> M. tuberculosis NAAT (Molecular) <small>(Should be ordered on all highly suspect specimens)</small>
Molecular Testing: <input type="checkbox"/> Adenovirus PCR <input type="checkbox"/> Bordetella pertussis multitarget PCR <input type="checkbox"/> C difficile/NAP1 PCR <input type="checkbox"/> Enterovirus PCR <input type="checkbox"/> Enterovirus D68 PCR <input type="checkbox"/> Herpes Simplex Virus PCR <input type="checkbox"/> Influenza A and B PCR <input type="checkbox"/> Measles (Rubeola) PCR <input type="checkbox"/> Mumps PCR <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Varicella Zoster PCR	STD Testing (APTIMA): <small>(Use cervical swab for chlamydia on eye)</small> <input type="checkbox"/> Chlamydia and Gonorrhea <input type="checkbox"/> Chlamydia Only <input type="checkbox"/> Gonorrhea Only	

SPECIMEN COLLECTION DATE <input type="text"/> / <input type="text"/> / <input type="text"/> DATE OF ONSET (if applicable) <input type="text"/> / <input type="text"/> / <input type="text"/> Medicaid / Medicare Billing Information: <input type="checkbox"/> Bill MEDICAID <input type="checkbox"/> Inpatient <input type="checkbox"/> Bill MEDICARE <input type="checkbox"/> Outpatient MEDICAID () or MEDICARE () NUMBER <input type="text"/> ICD DIAGNOSIS CODE <input type="text"/>	SPECIMEN SOURCE <input type="checkbox"/> Bronchial Washings <input type="checkbox"/> Buccal Swab <input type="checkbox"/> Cervical Swab <input type="checkbox"/> CSF <input type="checkbox"/> EDTA Blood (Capillary) <input type="checkbox"/> EDTA Blood (Venous) <input type="checkbox"/> Heparanized Blood <input type="checkbox"/> Lesion Swab (Site: _____) <input type="checkbox"/> Nasal Swab <input type="checkbox"/> Nasal Washings <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> NP Swab <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Rectal Swab <input type="checkbox"/> Serum <input type="checkbox"/> Sputum <input type="checkbox"/> Stimulated Plasma (QFT) <input type="checkbox"/> Stool <input type="checkbox"/> Throat Swab <input type="checkbox"/> Urethral Swab <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal Swab	Other Test(s) Requested/ Pertinent Information / Comments <div style="text-align: right; font-size: small;"> Do not photocopy. Please call for more forms if needed. </div> <div style="text-align: right; font-weight: bold;">17760</div> <div style="text-align: right;"> </div>
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