Microbiology Requisition

(ONLY ONE SPECIMEN PER FORM)

City of Milwaukee Health Department Public Health Laboratory
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SPECIMEN TYPE

Check appropriate specimen and fill in requested information.

Respiratory
- ☐ BAL
- ☐ Bronchial wash
- ☐ Nasal swab / wash
- ☐ Nasopharyngeal swab
- ☐ Oral buccal
- ☐ Sputum
- ☐ Throat Swab
- ☐ Tracheal aspirate

Other Swab
- ☐ Genital Swab
- ☐ Lesion / wound swab
- ☐ Ocular swab
- ☐ Rectal swab

Other
- ☐ Blood
- ☐ CSF
- ☐ Tissue
- ☐ Urine
- ☐ Stool
- ☐ Body Fluid
  Specify: _____
- ☐ Other: _____

Date Collected: _____ / _____ / _____ Time: _____
mm dd yyyy

PATIENT INFORMATION (required)

PATIENT: _____ _____ ____
Last First MI

DOB: _____ _____ _____ SSN#: _____-_____-_____
mm dd yyyy

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____- _____ GENDER: ☐ Female ☐ Male

RACE: ☐ White ☐ Black ☐ Native Hawaiian / Pacific Islander
☐ American Indian / Alaska Native ☐ Asian ☐ Unknown

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Specimen ID #: _____ MHD LAB #: _____

TEST(S) REQUESTED

Check all that apply. ***Store samples at 2–4°C and ship within 24 hrs.***

VIRUS/CHLAMYDIA ISOLATION
(swabs must be in viral transport media)

- ☐ Virus Culture
  (specify) _____
- ☐ Referred isolate for ID
  (suspect agent) _____
- ☐ Herpes Simplex Virus (type 1, 2) PCR
- ☐ Varicella Zoster Virus PCR
- ☐ Influenza (type A, B) PCR
  - ☐ Subtype H1, H3, H5 (PCR)
  - ☐ 2009 H1N1 (PCR)
- ☐ Adenovirus PCR
- ☐ Parainfluenza (type 1, 2, 3) PCR
- ☐ Respiratory Synctial Virus PCR
- ☐ Enterovirus PCR
- ☐ Measles PCR
- ☐ Mumps PCR
- ☐ Cytomegalovirus (CMV) PCR
- ☐ Norovirus (GI & GII) PCR
- ☐ Parechovirus PCR
- ☐ *Chlamydia pneumoniae/trachomatis* Culture
- ☐ Other _____

SEROLOGY

EIA (*Immune Status* = IgG)
- ☐ Measles ☐ IgG ☐ IgM ☐ Varicella (IFA)
- ☐ Rubella ☐ IgG ☐ IgM ☐ Mumps ☐ IgG

Syphilis
- ☐ VDRL ☐ TPPA (confirmatory)

PARASITOLOGY
- ☐ Parasitology (O&P exam)
  (Suspect agent) _____
- ☐ *Cryptosporidium & Giardia* (IFA)
- ☐ Microsporidia
- ☐ Acanthamoeba
- ☐ Other _____

BACTERIA
- ☐ Referred Isolate for ID
  (suspect agent) _____
- ☐ *Bordetella pertussis / parapertussis* Culture
- ☐ *Bordetella pertussis / parapertussis* PCR
- ☐ Mycoplasma
  - ☐ *M. pneumoniae* Culture
  - ☐ *M. pneumoniae* PCR
  - ☐ *M. species* PCR
  - ☐ *M. hominis* Culture
  - ☐ *Ureplasma urealyticum* Culture
- ☐ Chlamydia / Gonorrhea Combination
  Amplified Molecular Assay
- ☐ *Legionella pneumophila* Culture
- ☐ Enteric Pathogens
  - ☐ *Salmonella* ☐ *Campylobacter*
  - ☐ *Shigella* ☐ *Yersinia enterocolitica*
  - ☐ *E. coli 0157:H7* ☐ Shiga Toxin Assay
- ☐ Mycobacteria (AFB) Culture
- ☐ Mycobacteria (AFB) Smear
- ☐ Other _____

(call lab for the following)
- ☐ Bacterial Typing – PFGE (Pulsed Field Gel Electrophoresis)
- ☐ DNA sequencing
- ☐ MRSA PCR

FUNGAL
- ☐ *Histoplasma* DNA Probe ☐ Yeast ID
- ☐ *Blastomyces* DNA Probe ☐ Mold ID
- ☐ *Coccidioides* DNA Probe ☐ Other _____
- ☐ DNA Sequencing (call lab)

PATIENT HISTORY/Clinical Info.

Clinical Diagnosis:

_____

Date of onset: _____ / _____ / _____
mm dd yyyy

Fever: _____ °F

SIGNS & SYMPTOMS
- ☐ Cough
- ☐ Sore Throat
- ☐ Pneumonia
- ☐ Acute Respiratory Distress
- ☐ Bronchitis
- ☐ Nausea
- ☐ Vomiting
- ☐ Conjunctivitis
- ☐ Headache
- ☐ Photophobia
- ☐ Myalgia
- ☐ Vesicular Rash / Lesion
- ☐ Maculopapular Rash
- ☐ Meningitis / Encephalitis
- ☐ Myocarditis / Pericarditis
- ☐ Diarrhea
- ☐ Abdominal Pain
- ☐ Other:
  _____
  _____

OTHER SIGNIFICANT FACTORS

Foodborne risk _____
Waterborne risk _____
Immunocompromised _____
Antimicrobials w/i 2 weeks _____
Antivirals w/i 2 weeks _____
Animal contact _____
Arthropod contact _____
Travel _____
Occupational risk _____
Other outbreak-related _____

PLEASE PRINT

Facility Name: _____

Address _____

_____

City _____ State _____ Zip _____

Physician: _____

Phone # _____ Fax # _____

Enter your facility address.
Results are returned to this address.

(1) White – Lab
(2) Yellow – Accounting