



Tennessee Department of Health
Division of Laboratory Services
Clinical Submission Requisition

**Place State Lab Accession
Label Here**
(TDH use only)

***Indicates Required Fields**

Final test reports cannot be issued if required information is missing

SPECIMEN COLLECTION INFORMATION

*Last Name:		*First Name:		MI:
*DOB:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Other <input type="checkbox"/> Unk			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)				
Address:			Phone Number: ()	
City:	State:	Zip Code:	Outbreak Number:	
*Date of Collection:		*Specimen Type & Source:		*County of Residence:

UNLABELED OR MISLABELED SPECIMENS CANNOT BE TESTED; TWO DISTINCT IDENTIFIERS REQUIRED ON EACH TUBE.

SUBMITTER INFORMATION

*Submitting Facility:		Patient Medical Record Number:	
Address:		Phone Number: ()	Fax Number: ()
City:		State:	Zip Code:
*Ordering Provider:		Phone Number: ()	Fax Number: ()
Sample Collection Facility:		Patient Medical Record Number:	
Address:		Phone Number: ()	Fax Number: ()
City:		State:	Zip Code:
Point of Contact:		Phone Number: ()	Fax Number: ()

***TEST REQUESTED**

<p>Culture</p> <input type="checkbox"/> Actinomycete (Aerobic) <input type="checkbox"/> Aerobe <input type="checkbox"/> Anaerobe <input type="checkbox"/> Enteric <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Legionella <input type="checkbox"/> Mycobacteria Smear & Culture <input type="checkbox"/> Mycobacteria Reference Isolate <input type="checkbox"/> Mycology <input type="checkbox"/> Viral: Virus Suspected _____	<p>Serology</p> <input type="checkbox"/> Arbovirus Panel <input type="checkbox"/> HBV Screen** <input type="checkbox"/> HCV Screen <input type="checkbox"/> HIV Screen <input type="checkbox"/> Measles/Rubella IgM** <input type="checkbox"/> Syphilis RPR <p>Parasitology</p> <input type="checkbox"/> Blood Parasite <input type="checkbox"/> Ova & Parasite <input type="checkbox"/> Cryptosporidium	<p>Molecular</p> <input type="checkbox"/> CT/GC (GenProbe) <input type="checkbox"/> GI Panel (Biofire) <input type="checkbox"/> Herpes Simplex Virus <input type="checkbox"/> Legionella PCR <input type="checkbox"/> Measles PCR** <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Mumps PCR** <input type="checkbox"/> Plasmodium PCR <p>ARLN</p> <input type="checkbox"/> C. auris Colonization <input type="checkbox"/> Candida species Confirmation <input type="checkbox"/> CRE/CRPA/CRAB Colonization <input type="checkbox"/> CRE/CRPA/CRAB Confirmation
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Other Miscellaneous Testing (Please specify below)

** Requires prior approval from CEDEP

ADDITIONAL INFORMATION

Is this an isolate/specimen being submitted in response to the TDH Reportable Diseases and Events Guidelines? No Yes

Is this an isolate/specimen being submitted as part of a surveillance program? No Yes If yes, program name: _____

Please provide the following information with regard to isolates/specimens submitted:
 Gram Stain Reaction: _____ Other lab tests performed and results: _____
 Automated ID if applicable: _____ Suspected Organism: _____

LABORATORY FACILITIES

<p>Nashville Laboratory: P.O.Box 305130, Nashville, TN 37230 (USPS) OR 630 Hart Lane, Nashville, TN 37216 (FedEx, UPS, courier delivery) Main Line: (615) 262-6300 Richard Steece, PhD, D(ABMM), Public Health Laboratory Director</p>	<p>Knoxville Regional Laboratory: 2101 Medical Center Way, Knoxville, TN 37920 Main Line: (865) 549-5201 George J. Dizikes, PhD, HCLD/CC (ABB), Public Health Laboratory Director</p>
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