



FOR LAB USE ONLY

Pregnancy Health Priority

Bureau of Public Health Laboratories

Specimen Collection Date:

HCP/DAU Number:

Patient Information

Local Patient Identifier(Chart, Jail, Prison ID, etc.):
Last Name: First Name: MI:
DOB (MM/DD/YYYY): County:
SSN: Sex:
Street Address:
City: State: Zip:
Race: Ethnicity
Parent/Guardian Name:

Health Care Provider Information

Provider Name: Physician UPIN:
Street Address:
City: State: Zip: County:
Contact Name: Phone:

Insurance Information

Medicare #: Medicaid #
HMO/Ins Name #: MediPass#:

ICD9 Diagnosis Codes:

Programs Special Project ID Program Component

Note: For more information or to see a complete list of available tests, visit www.doh.state.fl.us/lab

SEROLOGY

Circle Specimen Type(s): Blood Serum Urine Cervical
Urethral Other

- 0430 Amplified GC/CT
0380 Chronic Hepatitis Panel (HBsAg, HBsAb, HbCAb, HAVAb, HCVAb)
0390 HCV RNA NAAT
0350 Hepatitis A Total Ab (HAVAb)
0360 Hepatitis A IgM
0340 Hepatitis B Panel (Includes HBsAg, HBsAb, HbCAb)
0320 Hepatitis BcAb
0370 Hepatitis BcAb IgM
0310 Hepatitis BsAb
0300 Hepatitis BsAg
0330 Hepatitis C Antibody Screen (HCVAb)
0250 Syphilis screen (RPR) w/Confirmation if Reactive
4000 Rubella Screen
0240 Syphilis Confirmation EIA (Total Antibody)
0210 Syphilis Confirmation FTA-Abs

For HIV-1/2 related services use DH1628

VIROLOGY

Circle Specimen Type(s): CSF Acute Serum Convalescent Serum Urine
Stool Swab Other
(for swabs indicate specimen source, eg NP, throat, vulva, etc...)

- 1510 Arbovirus Antibody**
1670 Arbovirus Culture**
1500 Arbovirus IgM**
1680 Arbovirus PCR**
1540 CMV IgG
1870 CNS Panel (Arbovirus/Enterovirus) CSF
1500 Dengue**
1710 Ehrlichia IgG IFA**
1800 Enterovirus Culture
1810 Enterovirus PCR*
0900 Herpes Simplex Culture
0800 Herpes Simplex Smear DFA
0836 Herpes Simplex Smear DFA Type 1/2
0838 Herpes Simplex Type 1/2 IgG
9100 Influenza AB RT-PCR
1610 Influenza Culture
1714 Lyme**
1740 Measles IgG
1750 Measles IgM*
1755 Measles PCR*
1660 Mumps IgG
1664 Mumps IgM*
1668 Mumps PCR*
1830 Norovirus PCR
9500 Q Fever*
1620 Respiratory Virus Culture
1770 Respiratory Virus PCR*
1716 Rickettsia (RMSF) IgG**
1720 Rubella IgM*
1300 Toxoplasma IgG
1570 Varicella Zoster IgG
0920 Varicella Zoster PCR*
0910 Varicella Zoster Smear
Other:

* Tests are only available through prior arrangement with the Virology Laboratory
** Complete the following Mandatory Information:

Date of Onset: ___/___/___ Tick Bite? Yes No Mosquito Bites? Yes No

Clinical Symptoms:

Travel history (countries and dates)

Pregnant Yes No Gestational age (in weeks)

MICROBIOLOGY/PARASITOLOGY

List Specimen Type(s):

- 2600 Aerobic Culture, miscellaneous
2300 Aerobic Isolate Identification
2500 Anaerobic Culture
2400 Anaerobic Isolate ID
2100 Beta Strep Culture
0700 Gonorrhea Culture
3000 Legionella Culture
2700 Pertussis Smear
2800 Pertussis Culture
2810 Pertussis PCR
1900 Stool Culture
2000 Typing, Salmonella
1200 Blood Parasite***
1000 Intestinal O & P
1410 Parasitic Microscopy
1400 Parasitic Serology
1100 Pinworm Slide

***Provide recent travel history below (Include Dates):

MYCOBACTERIOLOGY

Circle Specimen Type(s): CSF Sputum Bronchial Wash Tissue

Other
Specimen: Processed Not processed

- 3100 AFB Smear/TB Culture
3140 Nucleic Acid Amplification for TB (Real-Time PCR), Respiratory specimens only
3200 AFB Culture for Identification (Referred Isolate)
3300 TB Drug Susceptibilities (Referred Isolate)

MYCOLOGY

List Specimen Source:

- 3500 Mycology Referred Isolate ID
3510 Mycology Serology

Comments/ Additional Information:

Arbo ZIKA RT-PCR - 1537
Arbo ZIKA IgM ELISA - 1539



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ICD9 Diagnosis Codes: _____

Programs _____ Special Project ID: _____ Program Component: _____

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VIROLOGY

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Stool Swab _____ Other _____
(for swabs indicate specimen source, eg NP, throat, vulva, etc...)

1510 <input type="checkbox"/> Arbovirus Antibody** 1670 <input type="checkbox"/> Arbovirus Culture** 1500 <input type="checkbox"/> Arbovirus IgM** 1680 <input type="checkbox"/> Arbovirus PCR** 1540 <input type="checkbox"/> CMV IgG 1870 <input type="checkbox"/> CNS Panel (Arbovirus/Enterovirus) CSF 1500 <input type="checkbox"/> Dengue** 1710 <input type="checkbox"/> Ehrlichia IgG IFA** 1800 <input type="checkbox"/> Enterovirus Culture 1810 <input type="checkbox"/> Enterovirus PCR* 0900 <input type="checkbox"/> Herpes Simplex Culture 0800 <input type="checkbox"/> Herpes Simplex Smear DFA 0836 <input type="checkbox"/> Herpes Simplex Smear DFA Type 1/2 0838 <input type="checkbox"/> Herpes Simplex Type 1/2 IgG 9100 <input type="checkbox"/> Influenza AB RT-PCR 1610 <input type="checkbox"/> Influenza Culture 1714 <input type="checkbox"/> Lyme**	1740 <input type="checkbox"/> Measles IgG 1750 <input type="checkbox"/> Measles IgM* 1755 <input type="checkbox"/> Measles PCR* 1660 <input type="checkbox"/> Mumps IgG 1664 <input type="checkbox"/> Mumps IgM* 1668 <input type="checkbox"/> Mumps PCR* 1830 <input type="checkbox"/> Norovirus PCR 9500 <input type="checkbox"/> Q Fever* 1620 <input type="checkbox"/> Respiratory Virus Culture 1770 <input type="checkbox"/> Respiratory Virus PCR* 1716 <input type="checkbox"/> Rickettsia (RMSF) IgG** 1720 <input type="checkbox"/> Rubella IgM* 1300 <input type="checkbox"/> Toxoplasma IgG 1570 <input type="checkbox"/> Varicella Zoster IgG 0920 <input type="checkbox"/> Varicella Zoster PCR* 0910 <input type="checkbox"/> Varicella Zoster Smear Other: _____
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MICROBIOLOGY/PARASITOLOGY

List Specimen Type(s): _____

2600 <input type="checkbox"/> Aerobic Culture, miscellaneous 2300 <input type="checkbox"/> Aerobic Isolate Identification 2500 <input type="checkbox"/> Anaerobic Culture 2400 <input type="checkbox"/> Anaerobic Isolate ID 2100 <input type="checkbox"/> Beta Strep Culture 0700 <input type="checkbox"/> Gonorrhea Culture 3000 <input type="checkbox"/> Legionella Culture 2700 <input type="checkbox"/> Pertussis Smear 2800 <input type="checkbox"/> Pertussis Culture 2810 <input type="checkbox"/> Pertussis PCR 1900 <input type="checkbox"/> Stool Culture 2000 <input type="checkbox"/> Typing, Salmonella	1200 <input type="checkbox"/> Blood Parasite*** 1000 <input type="checkbox"/> Intestinal O & P 1410 <input type="checkbox"/> Parasitic Microscopy 1400 <input type="checkbox"/> Parasitic Serology 1100 <input type="checkbox"/> Pinworm Slide
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Comments/ Additional Information:
Arbo ZIKA RT-PCR - 1537
Arbo ZIKA IgM ELISA - 1539

General Laboratory Inquiries

Bureau of Public Health Laboratories

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For After Hours Emergencies or Bio/Chem Terrorism Contact:

866-FLA-LABS (866-352-5227)