



# Laboratory Test Request Example Job Aid

An example laboratory test request is below:

### Patient Information (Please Print)

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ M F  
 Last First Middle Initial  
 Pt Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 City/County of Residence \_\_\_\_\_  
 Medical Record/Chart/Accession# \_\_\_\_\_ Patient ID \_\_\_\_\_  
 Marital Status:  single  married  separated  divorced  widowed  unknown  
 Race:  Black  White  Asian  AI/AN  NH/PI  Other \_\_\_\_\_ Ethnicity:  Hispanic/Latino  Not-Hispanic/Latino  
*(check all that apply)*

### Submitter Information

Submitter Code # \_\_\_\_\_ Site code \_\_\_\_\_ FIPS code \_\_\_\_\_  
Send Report to:  
 Submitter \_\_\_\_\_ Submitter Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Name of Health Dept, Hospital &/or private Clinician)  
 Submitter Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Attending Clinician \_\_\_\_\_  
 Attending Clinician Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 District or PH Contact \_\_\_\_\_  
 District or PH Contact Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Site Type					
<input type="radio"/> STD	<input type="radio"/> ATS	<input type="radio"/> DCJ	<input type="radio"/> FP	<input type="radio"/> GYN	<input type="radio"/> Priv Phys
<input type="radio"/> OB/prenatal care	<input type="radio"/> AHC	<input type="radio"/> Field	<input type="radio"/> IMM	<input type="radio"/> Job Corp	<input type="radio"/> Peds
<input type="radio"/> TB	<input type="radio"/> GMC	<input type="radio"/> CHC	<input type="radio"/> DTC	<input type="radio"/> Refugee	<input type="radio"/> SOI
<input type="radio"/> Hospital	<input type="radio"/> OCME	<input type="radio"/> Student HC	<input type="radio"/> Other		

### Patient Medical History

Disease suspected/Diagnosed \_\_\_\_\_

**Signs/Symptoms**

Asymptomatic  Fever  Respiratory  Bloody sputum

Cough  Productive cough  Rash  Vomiting

Diarrhea  Stool + Blood  Stool + Mucous  Abdominal Pain

Apnea  SIDS  Sudden Unexplained Death

Other \_\_\_\_\_

**Recent Exposure (if applicable)**  Birds  Ticks  Mosquitoes

Other \_\_\_\_\_

Date of Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mm dd yyyy

Deceased Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mm dd yyyy

Vaccine Administered \_\_\_\_\_  
 (Please specify)  
 Vaccine Administration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mm dd yyyy

Antibiotics/Anti-Viral Used \_\_\_\_\_  
 (Please specify)  
 Antibiotics/Antiviral Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mm dd yyyy

### Special Information for Laboratorians

Outbreak Related  no  yes Outbreak Number: \_\_\_\_\_

Role of Patient (ex. food-handler, patron): \_\_\_\_\_

Other Information \_\_\_\_\_

**Test Request:** Patient Name/Identifier \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

**Enteric Screen/ Enteric Pathogens**

Date Specimen Collected \_\_\_/\_\_\_/\_\_\_\_\_  
mm dd yyyy

**Stool preserved in Cary-Blair Transport (Ship Room Temp)**

- Salmonella/Shigella/E. coli 0157/Campylobacter
- Shiga Toxin  Yersinia  Vibrio
- Other \_\_\_\_\_

**Unpreserved Stool (Ship Cold Pack)**

- Norovirus
- Other \_\_\_\_\_

Follow-up specimen?  yes  no If yes, what organism \_\_\_\_\_

**Parasites: Intestinal and Blood-borne**

Date(s) Collected (1) \_\_\_/\_\_\_/\_\_\_\_\_; (2) \_\_\_/\_\_\_/\_\_\_\_\_  
mm dd yyyy mm dd yyyy

- Ova and Parasite  Pinworm
- Cyclospora  Blood Parasites
- Giardia/Cryptosporidium FA
- Other \_\_\_\_\_

**Submitted in: (Room Temp)**

- 10% Formalin  PVA  EDTA Blood
- Smears/slides  Other \_\_\_\_\_

**Unpreserved Stool (Cold Pack) Upon Request**

- Cyclospora  Other \_\_\_\_\_
- Cryptosporidium

Refugee Country visited outside US \_\_\_\_\_

**Pertussis**

Date Specimen Collected \_\_\_/\_\_\_/\_\_\_\_\_  
mm dd yyyy

- B. pertussis:**  Culture  PCR **B. parapertussis:**  Culture  
 Other \_\_\_\_\_

**Source:**

- Nasopharyngeal Swabs (Right and Left Nares)
- Other \_\_\_\_\_

**Clinical / Specimen Culture (Including OCME):**

- Bacterial  Fungal  Viral  Toxin

Date Specimen Collected \_\_\_/\_\_\_/\_\_\_\_\_  
mm dd yyyy

- Source:**  Blood  Urine  Sputum  Stool  Swab (site) \_\_\_\_\_  Wound/Lesion (Site) \_\_\_\_\_  Respiratory \_\_\_\_\_  
 Tissue (type) \_\_\_\_\_  Body Fluid (type) \_\_\_\_\_  Other \_\_\_\_\_

**Organism/Toxin Suspected:** \_\_\_\_\_ **Submitted on (type media)** \_\_\_\_\_

**Reference Culture / Isolate:**

- Bacterial  Enteric  Fungal  Viral  PFGE

Date Specimen Collected \_\_\_/\_\_\_/\_\_\_\_\_  
mm dd yyyy

Test Requested: \_\_\_\_\_

- Source:**  Blood  CSF  Urine  Sputum  Stool  Swab (site) \_\_\_\_\_  Wound/Lesion(Site) \_\_\_\_\_  Respiratory \_\_\_\_\_  
 Tissue (type) \_\_\_\_\_  Body Fluid (type) \_\_\_\_\_  Other \_\_\_\_\_

**Organism Suspected:** \_\_\_\_\_ **Submitted on (type of media)** \_\_\_\_\_

**Specimen or Reference Culture for TB or other AFB (*Mycobacterium* spp.)**

Date Specimen Collected: (1) \_\_\_/\_\_\_/\_\_\_\_\_; (2) \_\_\_/\_\_\_/\_\_\_\_\_; (3) \_\_\_/\_\_\_/\_\_\_\_\_  
mm dd yyyy mm dd yyyy mm dd yyyy

- Specimen Source:**  Spontaneous Sputum  Induced Sputum  Bronchial Wash/BAL  Pleural Fluid  CSF  Peritoneal Fluid  
 Lymph Node  Blood  Urine  Stool  Tissue (type) \_\_\_\_\_  Other \_\_\_\_\_

- Sputum Type:**  Raw  Partially processed  Processed  Postmortem

**Organism Suspected:** \_\_\_\_\_ **Submitted on (type media)** \_\_\_\_\_

Additional testing requested:  2nd line drugs \_\_\_\_\_

**Information to be included on final report as per request of submitter:**

This job aid is a component of the free, on-demand CDC training course "Packing and Shipping Dangerous Goods: What the Laboratory Staff Must Know." Find the course at <https://reach.cdc.gov/training>.