SLD COVID-19 TEST REQUEST FORM

Scientific Laboratory Division
1101 Camino de Salud N.E.
Albuquerque, NM 87102

SLD LAB NO. ONLY
ONE FORM PER SPECIMEN

PLEASE PRINT LEGIBLY

SLD Form 116 v3.0 Revised 4/23

USER CODES →→

SLD USE >>> ONLY	DATE <<<TIME STAMP

- ☐ 51000 (Epidemiology)
- ☐ 52000 (PHD: General)
- ☐ 52110 (PHD: Prenatal)
- ☐ 52120 (PHD: Family Plan)
- ☐ 52340 (PHD: Refugee)
- ☐ 52325 (PHD: Adult Hepatitis)
- ☐ 52330 (PHD: TB Program)
- ☐ 51006 (EIP)
- ☐ 70704 (OMI)
- ☐ Other: (Enter Number) ☐☐☐☐☐

Please limit to one code per form

SUBMITTER INFORMATION

SUBMITTER CODE ____________________

FACILITY NAME ____________________

ADDRESS ____________________
Street or PO
____
City State Zip Code

PHONE ( ) ____________________

ATTENTION: ____________________

CLINICIAN NAME ____________________
Last First

PHONE # ( )

PATIENT INFORMATION

PATIENT NAME ____________________
Last First

GENDER ☐ MALE ☐ FEMALE ☐ TRANSGENDER

DATE OF BIRTH MM/ DD/ YYYY : _____/_____/_____

ADDRESS ____________________
Street or PO
(_____)____________ | ____________________
Phone Number City State Zip Code

PATIENT ID (MRN#) ____________________

SOCIAL SECURITY ____________________ ____________________

OTHER ID (HIV#) ____________________ Occupation (Enter Above)

RACE: Check all that apply.

☐ American Indian (Enter Affiliation) ☐ Asian ☐ Black/African American
____
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic

SPECIMEN INFORMATION

SPECIMEN SOURCE

☐ Abscess	☐ Bronchial Biopsy	☐ Hair	☐ Nasal wash	☐ Sputum, nebulized
☐ Ascites fluid	☐ Bronchial Wash	☐ Fluid (site):________	☐ Pericardial fluid	☐ Throat swab
☐ Blood, femoral	☐ Bronchoalveolar lavage	☐ Liver	☐ Peritoneal fluid	☐ Throat wash
☐ Blood, heart	☐ Cervix	☐ Lymph node	☐ Pleural fluid	☐ Tissue (site): ________
☐ Blood, plasma	☐ CSF	☐ Lung, left	☐ Pleural Biopsy	☐ Tracheal aspirate
☐ Blood, serum	☐ Ear	☐ Lung, right	☐ Rectum	☐ Urine
☐ Blood, whole	☐ Endocervix	☐ Nail (site)________	☐ Rectum/Vagina	☐ Urethra
☐ Bone	☐ Eye	☐ Nasopharyngeal swab	☐ Skin (site)________	☐ Vagina
☐ Bone marrow	☐ Feces/Stool	☐ Nasopharyngeal wash	☐ Spleen	☐ Wound (site):________
☐ Brain	☐ Genital	☐ Nasal swab	☐ Sputum, natural	☐ Other: ________

SPECIMEN COLLECTION

Date/Time Collected ____/____/____ ____________
MM/ DD/ YYYY Military Time

SPECIMEN TYPE

☐ Clinical
☐ Reference

CLINICAL SYMPTOMS

☐ Asymptomatic
☐ Symptomatic: Date of onset: MM / DD / YYYY _____/_____/_____

ANALYSIS REQUESTED

For Details: http://nmhealth.org/publication/view/general/1496/

GENERAL MICROBIOLOGY

BACTERIOLOGY

- ☐ B. anthracis
- ☐ B. cereus/S. aureus
- ☐ Culture, OMI
- ☐ Culture, OMI anaerobic
- ☐ Campylobacter species:________
- ☐ E. coli 0157:H7
- ☐ EIP Group A Streptococcus
- ☐ EIP Group B Streptococcus
- ☐ EIP S. pneumoniae isolate
- ☐ GC culture
- ☐ Haemophilus influenzae typing
- ☐ Listeria monocytogenes
- ☐ Legionella culture
- ☐ N. meningitidis typing
- ☐ Plague FA and culture
- ☐ Salmonella, serotype:________
- ☐ Shigella, serotype:________
- ☐ Shiga Toxin test/isolation
- ☐ Tularemia culture
- ☐ Vibrio
- ☐ Yersinia enterocolitica:________
- ☐ Other:________________

ID of Bacteria (specify)

- ☐ Anaerobe ____________
- ☐ Gram negative __________
- ☐ Gram positive __________

Antimicrobial Resistance
(Please attach Susceptibility Report)

- ☐ CRE Panel (Indicate below)
  - ____CRE:________________
  - ____CRPa (P. aeruginosa)
  - ____Other:________________

AFB/TUBERCULOSIS/MYCOLOGY

- ☐ Aerobic actinomycetes
- ☐ AFB Culture
- ☐ AFB Reference Isolate
  Suspected ID:____________
- ☐ Fungal/Yeast Culture
- ☐ Fungal/Yeast Reference Isolate
  Suspected ID:____________

MOLECULAR

- ☐ Pertussis (Bordetella sp.) PCR
- ☐ Other:________________
  (ERD only)

SEROLOGY

- ☐ Arbovirus ID
- ☐ CDC referral (attach form 50.34)
- ☐ HIV Ag/Ab Combo with Reflex
- ☐ Hepatitis A Diagnosis (IgM Only)
- ☐ Hepatitis A Immune Status
- ☐ Hepatitis B Pre-Vaccination
- ☐ Hepatitis B Prenatal Screen
- ☐ Hepatitis B Post-Vaccination
- ☐ Hepatitis B High Risk
- ☐ Hepatitis B High Risk and HCV
- ☐ Hepatitis C Antibody (Anti-HCV)
- ☐ Hepatitis A,B and C Diagnostic Panel (Acute)
- ☐ Mumps Immune Status
- ☐ Plague/Tularemia antibody
- ☐ Rubella immune status
- ☐ Rubella diagnosis (call first)
- ☐ Rubeola immune status
- ☐ Rubeola diagnosis (call first)
- ☐ SNV Hantavirus
- ☐ Syphilis RPR with Reflex to TPPA
- ☐ Syphilis RPR and TPPA
- ☐ TB Quantiferon
- ☐ VZV immune status
- ☐ Other (Specify):________________
  - ☐ Expedite (Provide Reason):________________
    (ERD confirmation will be obtained)

VIROLOGY

☐ **Virus Isolation**

Agent(s) suspected:

- ___ Influenza
  Rapid Test: Pos____Neg____
  Not Performed_____
- ___ HSV
- ___ Other (Specify):__________

MOLECULAR

- ☐ Dengue/Chikungunya PCR
- ☐ Ebola PCR
- ☐ Other:________________
  (ERD only)

Phone #'s: General Microbiology (505)383-9126/27/28; Molecular Biology (505)383-9130/60; Virology/Serology(505)383-9125/24/33; Specimen Receiving (505)383-9068/66 Bureau Chief (505)383-9122; SLD Main (505)383-9000; Fax(505)383-9121