



GENERAL MICROBIOLOGY REQUEST

Oregon State Public Health Laboratory (OSPHL)
 P.O. Box 275, Portland, OR 97207-0275
 Information: 503-693-4100

Submitting facility:

PATIENT INFORMATION

Patient last name, first, middle initial:

Date of birth (mm/dd/yyyy): Female Male Patient ID/Chart number:

Race: American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander White Multi-race Other Unknown Declined

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown Declined

Patient street address:

City: State: ZIP:

County of residence:

Date of collection: Outbreak number: Study:

Ordering clinician:

Contact number:

PATIENT INSURANCE INFORMATION

Insurance/Health plan name:

Policy no./Member ID: Group ID:

Diagnosis/ICD-9 code for test:

SPECIMEN INFORMATION

Specimen source: Blood NP Sputum Stool Urine Wound Other: _____ Illness onset (mm/dd/yyyy):

TESTS REQUESTED

CULTURE

- BORG: *Bordetella pertussis/parapertussis* culture and PCR
- ENTIC: Enteric Pathogen Culture (*Salmonella*, *Shigella*, *Campylobacter*, STEC)
- STEC: *Escherichia coli*; Shiga toxin producing
- SALC: *Salmonella*
- Other culture – Specify: _____

ISOLATE IDENTIFICATION

Notify OSPHL at 503-693-4100 if expedited handling is indicated.

- HAES: *Haemophilus influenzae* serotype
- NEIS: *Neisseria meningitidis* serogroup
- Other Isolate Identification – suspect organism information: _____

PARASITOLOGY

- O&P: Ova and Parasite
- CRY/CYC: *Cryptosporidium/Cyclospora* screen
- BLPAR: Blood smear for parasites
- ADPAR: Adult parasite identification
- Other: _____

MYCOBACTERIUM

- AFB: Smear/Culture
- AFBPROBE: DNA probe; isolate **Date culture positive:** _____
- AFBUSUC: *M. tuberculosis* complex susceptibility testing
- MTD: *Mycobacterium tuberculosis* Direct, NAAT
- QFT: Quantiferon® testing: Must be received within **16 hours** of collection, Mon.–Fri. before 5 p.m. SEE COLLECTION INSTRUCTIONS ON BACK.

Time of collection (mandatory):

FOOD/ENVIRONMENTAL TESTING (FOODENVTEST)

- Specimen: _____
- Organism: _____

MISCELLANEOUS

- BOTOX: C. Botulinum toxin
- PFGE: PFGE Organism: _____
- CRE: _____
- EIP: Emerging Infections Program Studies – Organism: _____
- Other – Specify: _____

COMMENTS

→ Required for all tests

→ Required if applicable

→ Required for insured patients

→ Requested for Public Health Program Tests

GENERAL INSTRUCTIONS

- Submit each specimen with a completed request form. PLEASE PRINT LEGIBLY.
- Please fill out the request form COMPLETELY or delays in processing and testing of the specimen may occur.
- Additional information beyond that on the test request form may be required (*such as a CDC form*), depending on the examination requested, to assure accurate and timely testing and reporting of results.
- Both the test request form and the specimen container label must have at least two matching unique identifiers. If specimen identity differs from that on the test request form, testing may not be performed!
- Specimens may be rejected for any of the following reasons:
 1. insufficient quantity or quality;
 2. unlabeled specimen container;
 3. leaking specimen; or
 4. specimen with incomplete requisition.Every attempt will be made to salvage leaking or improperly submitted samples of cerebrospinal fluid, biopsy tissues, aspirates, and other specimens obtained surgically providing that the safety of the laboratory worker is not compromised.

QuantiFERON®-TB Gold In-Tube Collection Instructions

Collection instructions and requisition:

1. Using standard venipuncture technique, draw 1 ml (0.8–1.2ml) of blood into each of the specimen tubes (*note black fill line near bottom of tube*). Tube will fill slowly. Vacuum in tube is sufficient to draw the required quantity of blood. If a Butterfly needle system is used to collect blood, a “purge” tube must be used to ensure that the tubing is filled with blood prior to the QuantiFERON Gold tubes being used.
2. Mix each specimen by inverting the tube ten (10) times. Blood must come into contact with entire inner surface of tube.
3. Label specimen and requisition with patient name and collection date and time. Be sure to leave a viewing window on the tube when applying labels so that the liquid level is visible.
4. Fill in all blanks on Requisition.
5. Place labeled tubes into the specimen bag containing an absorbent pad.
6. Maintain all tubes at room temperature (22° +/- 5°C). DO NOT refrigerate. DO NOT centrifuge.
7. Transport collection tubes and completed requisition to the Oregon State Public Health Laboratory (OSPHL). Tubes MUST be received within 16 hours of collection, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Kit contents:

- Nil Control Tube (*Grey Cap*), TB Antigen Tube (*Red Cap*), Mitogen Control (*Purple Cap*)
- Biohazard specimen bag with absorbent pad

Oregon State Public Health Laboratory (OSPHL)
P.O. Box 275, Portland, OR 97207-0275
Information: 503-693-4100

Oregon
Health
Authority