GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM

(Do Not Use for Newborn Screening Tests)

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Laboratory use only

Complete a separate form for each test requested

HEALTH CARE PROVIDER INFORMATION

Submitter Code

Submitter Name

Street Address

City | **State** | **Zip**

Phone Number

Fax Number

Contact Name

PATIENT INFORMATION

Patient ID Number | **PATIENT NAME (Last)** | **First** | **MI** | **Suffix**

County of Residence | **DOB** ___/___/_____

Home Phone: | **Work Phone:** | **Cell Phone:**

Address | **City,** | **State** | **Zip**

Parent / Guardian (if applicable) | **Relationship**

RACE

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African-American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White/ Caucasian
- ☐ Multi-Racial

ETHNICITY

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

Sex

- ☐ Male
- ☐ Female

Pregnant? ☐Yes ☐No ☐N/A

Travel in the past month? ☐ Yes ☐ No **Travel Dates?** _____

Where? _____

☐ **SELF PAY** (SUBMITTER WILL BE INVOICED)

☐**APPROVAL CODE:** _____

Report Copy To:

Submitter Code | **Submitter Name**

Street Address | **City** | **State** | **Zip code**

Phone # | **Fax Number** | **Contact Name**

Program Study Codes. **ILI Net** _____ **EIP** _____

SPECIMEN INFORMATION

All tests are performed at the Decatur Laboratory unless specified.

Specimen Type:

- ☐ Abscess
  Source: _____
- ☐ Biopsy
  Source: _____
- ☐ Bronchial Wash
- ☐ Bronchial Brush
- ☐ Bronchoalveolar Lavage
- ☐ Broth
- ☐ Buccal Swab
- ☐ Cerebral Spinal Fluid
- ☐ Dried Blood Spot
- ☐ Endocervical Swab
- ☐ Isolate (Bacterial)
  Source: _____
- ☐ Isolate (Mycobacterial)
  Source: _____
- ☐ Lesion/General Swab
- ☐ Lesion/Genital Swab
- ☐ Lymph Node Aspirate
- ☐ Nasal Aspirate
- ☐ Nasopharyngeal Aspirate
- ☐ Nasal Wash
- ☐ Nasal Swab
- ☐ Nasopharyngeal swab
- ☐ Comb. Nasopharyngeal/ Oropharyngeal swab
- ☐ Pinworm/Adhesive Slide
- ☐ Plasma
- ☐ Rectal Swab
- ☐ Scab
- ☐ Serum
- ☐ Sputum
- ☐ Stool/Feces (Fresh)
- ☐ Stool/Feces (Preserved)
- ☐ Tracheal Aspirate
- ☐ Throat/Pharynx
- ☐ Tissue
  Source: _____
- ☐ Urethral Swab
- ☐ Urine
- ☐ Vaginal Swab
- ☐ Vesicle Fluid/Swab
- ☐ Whole Blood (EDTA)
- ☐ Whole Blood(Heparin)
- ☐ Other: _____

Date of Collection
____/____/_____

Time of Collection
_____:_____ ☐AM ☐PM

Shipped:

- ☐ Frozen
- ☐ Refrigerated
- ☐ Room Temperature

Outbreak related ☐ Yes ☐ No

Outbreak ID:_____

Symptoms

_____

Date of onset
____/____/_____

Healthcare Provider ☐ Yes ☐ No

Resides in Congregate Setting
☐Yes ☐ No

Hospitalized: ☐ Yes ☐ No

Intensive Care: ☐ Yes ☐ No

Illness related to chemical exposure:
☐ Yes ☐ No

MOLECULAR BIOLOGY

Consultation with district epidemiologist required

- ☐ BT Agent Rule Out (RT-PCR) Isolate:
  - ☐ BTC01005 *Bacillus anthracis*
  - ☐ BTC02005 *Brucella spp.*
  - ☐ BTC03005 *Burkholderia mallei/ pseudomallei*
  - ☐ BTC04005 *Francisella tularensis*
  - ☐ BTC06005 *Yersinia pestis*
- ☐ BT Rule Out (RT-PCR) Clinical Specimen:
  - ☐ BTC01000 – Bacillus anthracis
  - ☐ BTC02000 – Brucella spp.
  - ☐ BTC03000 – Burkholderia spp.
  - ☐ BTC04000 – Francisella tularensis
  - ☐ BTC05000 – Rash Illness Panel (RT-PCR)
  - ☐ BTC06000 – Yersinia pestis
  - ☐ BTC07100 – FilmArray NGDS Warrior Panel
- ☐ 414000 *Bordetella pertussis* (RT-PCR)
- ☐ 400050 Influenza Panel (rRT-PCR)
- ☐ 413000 Mumps (RT-PCR)
- ☐ 416000 Measles (RT-PCR)
- ☐ 411100 Norovirus (RT-PCR)
- ☐ 421000 VZV (RT-PCR)
- ☐ 16600 Molecular Arbovirus (RT-PCR)
- ☐ 16800 Ebola (RT-PCR) ☐ 17300 MERS (RT-PCR)
- ☐ 423000 2019-nCov rRT-PCR Panel ☐ W423000
- ☐ 433000 FLUSC2 (Flu and SARS-CoV-2 Multiplex)
- ☐ 49100 Miscellaneous Molecular _____
- ☐ 499100 Molecular Send Out _____

PATIENT NAME
Last: First: MI.

For Laboratory Use Only

BACTERIOLOGY

☐ Enteric Isolates stool
- ☐ 1100 *Campylobacter*
- ☐ 1070 STEC
- ☐ 1110 *Salmonella*
- ☐ 1080 *Shigella*
- ☐ 1160 *Yersinia*

☐ Clinical Specimen (Stool/Preserved)
- ☐ 114004 *Campylobacter*
- ☐ 114006 STEC
- ☐ 114002 *Salmonella*
- ☐ 114003 *Shigella*
- ☐ 114008 *Yersinia*
- ☐ 114011 *Vibrio*

☐ 1010 Neisseria gonorrhea culture

☐ 1120 Stool Culture - Preserved (Para-Pak C&S, Room Temp)
- ☐ Routine (*Salmonella*, *Shigella*, *Campylobacter*, *Aeromonas*, STEC, and *Yersini*
- ☐ *S. aureus* [1]

☐ 1140 Stool Culture- Fresh (Refrigerated)
- ☐ *B. cereus* [1]
- ☐ C. *perfringens* [1]

☐ 1130 Special Bacteriology
- ☐ *Neisseria meningitidis*
- ☐ *Haemophilus influenzae*
- ☐ *Listeria monocytogenes*
- ☐ *Vibrio spp.*
- ☐ Other- Suspected agent _____

☐ 1050 Pertussis Culture
☐ 1030 Group A Streptococcus
☐ 12100 Antimicrobial-Resistance Confirmation (CRE, CRPA, CRAB)
☐ 1135 Forward to CDC[1] (Please specify)
_____
- ☐ C. *botulinum* [1,2]

☐ 1180 ENVIRONMENTAL / FOOD (Epidemiology Use Only)
- ☐ *B. cereus*
- ☐ *Campylobacter*
- ☐ C. *perfringens*
- ☐ *Listeria*
- ☐ STEC / SLT
- ☐ *Salmonella*
- ☐ *Shigella*
- ☐ *S. aureus*

[1] Special arrangement required CALL 404-327-7997
[2] Epidemiology approval required CALL 404-657-2588

IMMUNOLOGY

Routine Syphilis
Routine RPR (Reflexes)
- ☐ 1610 Decatur ☐ W20000 Waycross
- ☐ 16101 RPR Titer Only ☐ W20300 Waycross (No Reflex)
- ☐ 16150 Anti-Treponemal Antibody ☐ W16150 Anti-Treponemal Antibody
- ☐ 1640 TP-PA

Arbovirus/WNV panel
- ☐ 1595 Arbo IgG panel
- ☐ 1600 Arbo IgM panel
- ☐ 1580 WNV IgG
- ☐ 1585 WNV IgM
- ☐ 1590 WNV IgM (CSF)

Hepatitis Testing
- ☐ 1411 Hep B (Prenatal)
- ☐ 1410 Hep B (Routine Screen)
- ☐ 1400 Anti-HAV Total Antibody
- ☐ 1405 Anti-HAV IgM
- ☐ 1470 Anti-HCV (Ab)
- ☐ 1480 Anti-HCV (Ab) with Reflex to HCV Viral Load
- ☐ 1490 HCV Viral Load
- ☐ 1635 Quantitative Hepatitis B antibody

Miscellaneous Serology
- ☐ 15300 Toxoplasmosis IgG
- ☐ 15350 Toxoplasmosis IgM
- ☐ 15100 Rubella IgG ☐ W15100 Waycross
- ☐ 15150 Rubella IgM
- ☐ 15450 CMV Ig
- ☐ 15500 CMV IgM
- ☐ 15600 HSV1 IgG
- ☐ 15650 HSV2 IgG
- ☐ Rubeola IgG
  - ☐ 15200 Decatur ☐ W15200 Waycross
- ☐ 1525 Rubeola IgM
- ☐ Mumps IgG
  - ☐ 15550 Decatur ☐ W15550 Waycross
- ☐ Varicella Zoster
  - ☐ 15400 Decatur ☐ W15400 Waycross
- ☐ 14100 MMR Panel (Measles, Mumps, Rubella)
- ☐ 14101 Torch Panel (CMV, HSV1, HSV2, Rubella, and Toxoplasmosis)
- ☐ 34900 QuantiFERON-TB Gold (IGRA)
- ☐ 1570 Refer to CDC _____

MYCOBACTERIOLOGY

Known TB Patient? ☐ Yes, current ☐ Yes, former ☐ No
Clinical Specimens
- ☐ 30100 Microscopic exam for AFB only
- ☐ 30000 Smear, culture & susceptibility testing (Susceptibility Performed on MTB only)
- ☐ 30800 Nucleic Acid Amplification Testing (NAAT). This test is intended for use only with specimens from newly infected patients showing signs and symptoms of active pulmonary tuberculosis.

AFB Isolates
- ☐ 34000 Identification
- ☐ 33950 Susceptibility testing (MTB only)
- ☐ 30750 Genotyping o

Yeast Identification (r/o C. auris)
- ☐ **1650 Yeast ID**

CHEMICAL THREAT

Consultation with GPHL Emergency Response Coordinator Req.
24/7 contact number: 866-782-4584
- ☐ CT041100 Rapid Toxic Screen (Performed at CDC)
- ☐ CT021500 Cadmium, mercury and lead (Blood)
- ☐ CT021700 Toxic Elements Screen (TES) (As, Ba, Be, Cd, Pb, Tl, U) (urine)
- ☐ CT021600 Mercury (urine)
- ☐ CT011100 Cyanide (blood)
- ☐ CT011200 Volatile Organic Compounds (VOC) (blood)
- ☐ CT011300 Tetramine (urine)
- ☐ CT031100 Organophosphate Nerve Agent metabolites (OPNA) (urine)
- ☐ CT051100 Organophosphate Nerve Agent metabolites (OPNA) (serum)
- ☐ CT031300 Abrine and Ricinine (ABRC) (urine)
- ☐ CT041000 Fentanyl and Analogs in Urine
- ☐ CT041030 Fentanyl and Analogs in Whole Blood or Plasma
- ☐ Hold for testing

VIROLOGY

Chlamydia/Gonorrhea by NAAT
- ☐ 1060 Decatur ☐ W10000 Waycross

Trichomonas vaginalis *by NAAT*
- ☐ 100100 Decatur
- ☐ W100100 Waycross

- ☐ 62050 CMV Culture/IFA
- ☐ 60300 Measles Culture/IFA
- ☐ 60000 Mumps Culture/IFA
- ☐ 1385 Enterovirus Culture / IFA
- ☐ 15700 Herpes virus 1 and 2 by NAAT
- ☐ 62000 VZV Culture / IFA
- ☐ 6100 Respiratory Culture / IFA
- ☐ 60040 Viral Culture / Identification (Please specify): _____
- ☐ 60030 Rotavirus
- ☐ 181000 Respiratory Viral Pathogen Panel (Epidemiologist consult required)
- ☐ 13750 Enterovirus RT-PCR
- ☐ 42390 SARS-CoV-2 Sequencing

HIV
CTS#_____
- ☐ 13700 HIV Ag/Ab Combo
- ☐ 1340 HIV-1 Viral Load
- ☐ 350000 HIV-1 Genotype (Program Approval)

Miscellaneous Virology
- ☐ 60160 Virology CDC Send out

(Please specify: _____

PARASITOLOGY

- ☐ 2150 Whole blood/blood for Malaria PCR

For Epidemiology Use Only:

Cryptosporidium (O&P) ☐ 2400
Cyclospora (O&P) ☐ 2500

BLOOD LEAD

(Decatur Only)
- ☐ CT021800 Lead in capillary blood by ICP-MS
- ☐ CT021810 Lead in venous blood by ICP-MS