



0805000043 [Link here to order this form](#)



GENERAL MICROBIOLOGY REQUEST FORM

Oregon State Public Health Laboratory
PO Box 275 – Portland, OR 97207-0275
Information: 503-693-4100

For OSPHL Use Only

PATIENT INFORMATION

Patient Name (Last, First, MI) or Unique Identifier		
Date of Birth (mm/dd/yyyy)	County of Residence	Zip Code
Date of Collection (mm/dd/yyyy)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Patient ID/Chart Number	Health Plan Name/Patient ID Number	
Patient Medicaid Number	SSN (If Medicaid Eligible)	
ICD-9 Code	Referring Physician's Medicaid Provider Number	

SUBMITTER INFORMATION

Submitter Code
Return Results To: (Provide Complete Address)
Authorized Ordering Physician/Clinician
Contact Phone Number AND Name

SPECIMEN INFORMATION

Specimen Source <input type="checkbox"/> Blood <input type="checkbox"/> Stool <input type="checkbox"/> NP <input type="checkbox"/> Sputum <input type="checkbox"/> CSF <input type="checkbox"/> Other	Illness Onset (mm/dd/yyyy)	Outbreak/Study ID
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TESTS REQUESTED

CULTURE

- Bordetella pertussis/parapertussis* culture
- Bordetella pertussis/parapertussis* PCR
- Campylobacter*
- Enteric Pathogen Screen (*Salmonella*, *Shigella*, *Campylobacter*, & STEC)
- Escherichia coli*; Shiga Toxin producing (STEC)
- Haemophilus ducreyi*
- Listeria monocytogenes*
- Plesiomonas shigelloides*
- Salmonella*
- Shigella*
- Vibrio*
- Yersinia*
- Other _____
- Special Study _____

ISOLATE IDENTIFICATION (R/O OR CONFIRM)

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

- | | |
|--|--|
| <input type="checkbox"/> <i>Aeromonas</i> | <input type="checkbox"/> <i>Listeria monocytogenes</i> |
| <input type="checkbox"/> <i>Bacillus anthracis</i> | <input type="checkbox"/> <i>Neisseria gonorrhoeae</i> |
| <input type="checkbox"/> <i>Bordetella pertussis/parapertussis</i> | <input type="checkbox"/> <i>Neisseria meningitidis</i> serogroup |
| <input type="checkbox"/> <i>Brucella</i> | <input type="checkbox"/> <i>Plesiomonas</i> |
| <input type="checkbox"/> <i>Burkholderia</i> | <input type="checkbox"/> <i>Salmonella</i> |
| <input type="checkbox"/> <i>Campylobacter</i> | <input type="checkbox"/> <i>Shigella</i> |
| <input type="checkbox"/> <i>Corynebacterium diphtheriae</i> | <input type="checkbox"/> STEC positive isolate or broth |
| <input type="checkbox"/> <i>Escherichia coli</i> O157 | <input type="checkbox"/> <i>Vibrio</i> |
| <input type="checkbox"/> <i>Francisella tularensis</i> | <input type="checkbox"/> <i>Yersinia</i> |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> serotype | |
- Other _____
- Unknown – Gram Stain Results: GPC GPB GNB
 GNC GNCCB

PARASITOLOGY

- Formalin: Stool Exam for Ova and Parasites
- PVA: Stool Exam for Ova and Parasites
- Cryptosporidium/Cyclospora* Screen
- Blood Smear for Malaria
- Blood Smear Other _____
- Adult Parasite Identification
- Other _____

MYCOBACTERIUM

- AFB Smear/Culture
 - DNA Probe; Isolate Date Culture Positive _____
 - M. tuberculosis* Complex Susceptibility Testing
 - Quantiferon Testing -- Must be received within 16 hours of collection, M-F before 5 pm
- Time of Collection (Mandatory) _____
- History of BCG: No Yes Unknown
- PPD History: Not Done Neg Pos _____ mm
- Unknown

FOOD/ENVIRONMENTAL TESTING (R/O)

- Specimen: Food Other _____
- | | |
|---|---|
| <input type="checkbox"/> <i>Bacillus cereus</i> | <input type="checkbox"/> <i>Staphylococcus aureus</i> |
| <input type="checkbox"/> <i>Clostridium perfringens</i> | <input type="checkbox"/> STEC |
| <input type="checkbox"/> <i>Listeria monocytogenes</i> | <input type="checkbox"/> <i>Vibrio</i> |
| <input type="checkbox"/> <i>Salmonella</i> | <input type="checkbox"/> <i>Yersinia enterocolitica</i> |
| <input type="checkbox"/> <i>Shigella</i> | |

EMERGING INFECTIONS PROGRAM STUDIES

- EIC Organism
- MRS

MISCELLANEOUS

- Botulism Toxin
- PFGE: Organism
- Rabies – Requires submission of Rabies Exam Form – Form 51

COMMENTS

PT. I.D. _____
PT. I.D. _____

General Microbiology Request Form (Form 60)

Form 60 is used to submit all specimens for bacteriological (except QuantiFeron & Rabies) and parasitological examination. The specimens submitted which need this form include:

- Bacterial cultures for identification or confirmation
- Stool Swabs in Cary-Blair for *Salmonella/Shigella* and/or *Campylobacter* (specify organism suspected)
- Stools for ova and parasite identification
- Food, feces, serum for botulism
- Food, feces, vomitus for food outbreak organisms
- Cultures for *Neisseria* identification
- **Swabs in charcoal transport medium for *B. pertussis***
- **Cultures for typing (*N. meningitidis*, *H.influenzae*).**

Complete all the information requested on this form, if known.