



LABORATORY TEST REQUEST FORM
 North Dakota Department of Health
 Division of Laboratory Services-Microbiology
www.ndhealth.gov/microlab
 Telephone: 701.328.6272
 Fax: 701.328.6280
 After Hours: 701.400.2772

FOR LABORATORY USE

SFN 5826 (Rev. 8/2016)

Patient's Name (Last) (First) (MI)

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Patient's Address	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity
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City	State	Zip Code	Patient's Telephone Number
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FACILITY	Customer Code
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Address/City	State	Zip Code	Facility's Telephone Number
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Physician's Name (Last, First)

SPECIMEN DATA	Type/Source	<input type="checkbox"/> Acute <input type="checkbox"/> Convalescent	Date of Collection:
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PATIENT DATA	Disease Suspected	Fever: °F	Symptoms:
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Hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Immunizations (Specify)	Date of Onset:	Additional information:
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- BACTERIOLOGY**
- Aerobic Culture ID (Submit Isolate)
 - Anaerobic Culture ID (Submit Isolate)
 - Bordetella pertussis PCR*
 - Campylobacter Confirmation (Submit Isolate)
 - Corynebacterium diphtheriae Culture
 - Escherichia coli O157:H7 Culture
 - Escherichia coli O157:H7 Serotyping
 - Haemophilus influenzae Serotyping
 - Legionella pneumophila Culture & DFA
 - Neisseria gonorrhoeae Culture
 - Neisseria meningitidis Serogrouping
 - Salmonella Serotyping
 - Shiga toxin Confirmation (Submit + broth)
 - Shigella Serotyping
 - Vibrio Culture

BIOTERRORISM RULE OUT
 Agent Suspected: _____

- MYCOBACTERIOLOGY**
- Mycobacteria Culture (TB) & Smear
 - Mycobacteria TB complex NAAT*
(Requires Culture & Smear)
 - Mycobacteria Reference ID
 - Mycobacteria Susceptibility
 - Quantiferon (Mycobacterium tuberculosis)

- MYCOLOGY**
- Fungal Culture
 - Fungal Reference ID

- PARASITOLOGY**
- Ova and Parasites
 - Giemsa Thick & Thin Blood Smears*

- HEPATITIS**
- Hepatitis A Antibody, IgM*
 - Hepatitis A, B & C Panel*
 - Hepatitis B & C Panel*
 - Hepatitis B Core Antibody, IgM*
 - Hepatitis B Core Antibody (Anti-HBC), Total*
 - Hepatitis B Surface Antibody, Immune Status (Anti-HBs)*
 - Hepatitis B Surface Antigen (HBsAg)*
 - Hepatitis C Antibody (Anti-HCV)*
 - Hepatitis C Virus Genotyping
 - Hepatitis C Virus RNA (Qualitative)
 - Prenatal Hepatitis B Surface Antigen (HBsAg)

- STD/SCREENING**
- Chlamydia trachomatis DFA
 - Chlamydia Culture
 - Chlamydia trachomatis/Neisseria gonorrhoeae Nucleic Acid Amplified Probe
 - HIV-1, 2 Antibody/HIV-1 p24 Antigen Combo
 - VDRL (CSF)
 - Syphilis Screen (RPR)
 - TP-PA: Treponema pallidum Particle Agglutination
 - Syphilis (Reverse Sequence) RPR Confirmation

- VIROLOGY**
- Cytomegalovirus PCR
 - Enterovirus PCR
 - Herpes Simplex Virus/Varicella Zoster Virus PCR
 - Influenza Virus PCR*
 - Measles (Rubeola) Virus PCR
 - Mumps Virus PCR
 - Respiratory Virus Molecular Panel

- IMMUNOLOGY**
- Arbovirus Encephalitis Panel (Seasonal)*
 - Brucella Antibody
 - Cytomegalovirus Antibody, IgM
 - Encephalitis Panel*
 - Epstein-Barr Virus Antibody, IgM*
 - Francisella tularensis Antibody
 - Hantavirus Antibody (Attach Form)
 - Herpes Simplex Virus Antibody, IgM*
 - Lyme Disease Antibody EIA*
 - Measles (Rubeola) Virus Antibody, IgG* (Immune Screen)
 - Measles (Rubeola) Virus Antibody, IgM*
 - Mumps Virus Antibody, IgG* (Immune Screen)
 - Mumps Virus Antibody, IgM*
 - Mycoplasma pneumoniae Antibody, IgM*
 - Rocky Mountain Spotted Fever Antibody*
 - Rubella Virus Antibody, IgM*
 - Rubella Virus Immune Screen
 - TORCH Antibodies Panel, IgM-Newborn*
 - Toxoplasma gondii Antibody, IgM*
 - Varicella Zoster Virus IgG (Immune Screen)
 - Varicella Zoster Virus Antibody, IgM*
 - West Nile Virus EIA, IgM*

- Zika Virus**
- Triplex (Zika, Dengue, Chikg) Virus PCR* - must meet CDC criteria
 - Zika Virus PCR
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