

FOR BPHL USE ONLY

Please consult the test menu for specimen requirements and to see a complete list of available tests at www.FloridaPublicHealthLab.com.

Patient Information*

SSN: _____

Last Name* _____ First Name* _____ MI/MN _____ DOB* (MM/DD/YYYY) _____

Sex*: Male Female Unknown Other _____ Pregnancy Status: Pregnant Not Pregnant N/A

Race*: African American (Black) Caucasian (White) Asian Other _____ Ethnicity*: Hispanic Non-Hispanic

Street Address* (Include building number if applicable) _____

City* _____ State* _____ County* _____ Zip Code* _____

(_____) _____

Patient Phone Number* _____ Local Patient Identifier/Merlin # _____

Insurance Company _____ Insurance Number _____

Medical History** (Use the additional information section if you need more space)

Date of Onset (MM/DD/YYYY) _____

Symptoms _____

Recent Travel History (Include Dates) _____

Current Treatment Plan: _____

Fasting Not Fasting

Tick Bites Mosquito Bites None

Submitter Information*

Facility Name* (Hospital, CHD, etc.) _____ Submitter Fax Number _____

Practitioner Name _____ NPI _____ Special Project ID _____

Street Address* (Include building number if applicable) _____ Program Component _____

City* _____ State* _____ County* _____ Zip Code* _____ ICD10 Diagnosis Codes _____

(_____) _____

Contact Name* _____ Contact Phone Number* (Include Ext.) _____ Contact Email _____

Specimen Information*

Specimen Source*

Throat Swab Nasal Swab Blood Urine Gastric Aspirate

Cervical Swab NP- Nasopharyngeal Swab Serum Sputum Pleural Fluid

Vaginal Swab OP- Oropharyngeal Swab Plasma Tissue Stool/Feces

Lesion Swab Rectal Swab CSF Bronchial Wash

Penile Swab Urethral Swab BAL Isolate _____

Other Swab Source _____ Other _____

Specimen Collection Date* (MM/DD/YYYY) _____

Test Requested* (See Page 2)

**Requires Medical History

<p>Serology</p> <p><input type="checkbox"/> 0380 Chronic Hepatitis Panel (HBsAg, HBsAb, HBeAb, HAVAb, HCVAb)</p> <p><input type="checkbox"/> 0352 Hepatitis A Ab (HAVAb) <input type="checkbox"/> 0430 CT/GC Amplified</p> <p><input type="checkbox"/> 0340 Hepatitis B Panel (HBcAb, HBsAb, HBsAg) <input type="checkbox"/> 0450 TRICH Amplified</p> <p><input type="checkbox"/> 0320 Hepatitis B Core (HBcAb) <input type="checkbox"/> 0460 M. Gen Amplified</p> <p><input type="checkbox"/> 0310 Hepatitis B Surface Ab (HBsAb) <input type="checkbox"/> 0250 Syphilis (RPR) W/ Titer</p> <p><input type="checkbox"/> 0300 Hepatitis B Surface Antigen (HBsAg) <input type="checkbox"/> 4000 Rubella Screen</p> <p><input type="checkbox"/> 0330 Hepatitis C Ab (HCVAb)</p> <p><input type="checkbox"/> 0390 HCV RNA NAAT <input type="checkbox"/> Other _____</p> <p>Retrovirology</p> <p><input type="checkbox"/> 0500 HIV-1/2 Ag/Ab <input type="checkbox"/> 0560 HIV-1 RNA Viral Load</p> <p><input type="checkbox"/> 0520 Oral Fluid HIV-1 EIA <input type="checkbox"/> 0570 HIV-1 Genotyping</p> <p><input type="checkbox"/> 0530 HIV-1 RNA Qualitative <input type="checkbox"/> 0580 PrEP Monitoring</p> <p>Microbiology/Parasitology (See Page 2)</p> <p>Exclusion ID: _____ Outbreak ID: _____</p> <p><input type="checkbox"/> 2600 Aerobic Culture, Misc. <input type="checkbox"/> 1410 Parasitic Microscopy</p> <p><input type="checkbox"/> 2300 Aerobic Isolate ID <input type="checkbox"/> 2810 Pertussis PCR</p> <p><input type="checkbox"/> 2500 Anaerobic Culture <input type="checkbox"/> 2000 Salmonella Culture</p> <p><input type="checkbox"/> 2400 Anaerobic Isolate ID <input type="checkbox"/> 2022 Salmonella Serotyping WGS</p> <p><input type="checkbox"/> 1200 Blood Parasite PCR** <input type="checkbox"/> 2301 STEC PCR</p> <p><input type="checkbox"/> 2900 Carbapenemase Producing Organisms <input type="checkbox"/> 2302 STEC Culture</p> <p><input type="checkbox"/> 1000 Intestinal O & P <input type="checkbox"/> 1900 Stool Culture</p> <p><input type="checkbox"/> 1210 Malaria PCR**</p> <p><input type="checkbox"/> 2201 Refer Out <input type="checkbox"/> Other _____</p>	<p style="text-align: center;">Virology</p> <p style="text-align: center;">***Prior authorization required. Please contact the Virology Laboratory.</p> <p>Testing Authorized by: _____</p> <p>Merlin Outbreak Number: _____</p> <p><input type="checkbox"/> 1690 Arbovirus IgG** (See test menu) <input type="checkbox"/> 9558 Influenza/SARS-CoV-2 PCR** <input type="checkbox"/> 1720 Rubella IgM***</p> <p><input type="checkbox"/> 1500 Arbovirus IgM** (See test menu) <input type="checkbox"/> 1740 Measles IgG <input type="checkbox"/> 1724 Rubella PCR***</p> <p><input type="checkbox"/> 1532 Arbovirus PCR** (See test menu) <input type="checkbox"/> 1750 Measles IgM*** <input type="checkbox"/> 9555 SARS-CoV-2 (COVID-19)</p> <p style="text-align: center;"><i>Indicate Specific Arbovirus in Other</i></p> <p><input type="checkbox"/> 1755 Measles PCR*** <input type="checkbox"/> 1300 Toxoplasma IgG</p> <p><input type="checkbox"/> 1540 CMV IgG <input type="checkbox"/> 1756 MMR Index Value <input type="checkbox"/> 1550 Triplex Arbovirus PCR** (See test menu)</p> <p><input type="checkbox"/> 1710 Ehrlichia IgG (IFA)** *** <input type="checkbox"/> 1660 Mumps IgG <input type="checkbox"/> 1570 Varicella Zoster IgG</p> <p><input type="checkbox"/> 1810 Enterovirus PCR*** <input type="checkbox"/> 1664 Mumps IgM*** <input type="checkbox"/> 1760 Varicella Zoster IgM***</p> <p><input type="checkbox"/> 1821 Hepatitis A PCR** <input type="checkbox"/> 1668 Mumps PCR*** <input type="checkbox"/> 0920 Varicella Zoster PCR***</p> <p><input type="checkbox"/> 0900 HSV Culture <input type="checkbox"/> 1830 Norovirus PCR</p> <p><input type="checkbox"/> 0838 HSV Type 1/2 IgG <input type="checkbox"/> 9100 Respiratory Virus PCR** ***</p> <p><input type="checkbox"/> 0840 HSV Type 1/2 PCR <input type="checkbox"/> 1716 Rickettsia (RMSF) IgG (IFA)** *** <input type="checkbox"/> Other _____ ***</p> <p style="text-align: center;">Mycobacteriology</p> <p style="text-align: center;">Clinical Specimen:</p> <p><input type="checkbox"/> Processed <input type="checkbox"/> Not Processed</p> <p><input type="checkbox"/> 3100 AFB Smear and Culture</p> <p><input type="checkbox"/> 3140 Nucleic Acid Amplification for TB (RT-PCR)</p> <p style="text-align: center;">AFB-Positive Referred Isolates:</p> <p><input type="checkbox"/> 3200 AFB Culture for ID</p> <p><input type="checkbox"/> 3300 TB Drug Susceptibilities</p> <p style="text-align: center;">Mycology</p> <p><input type="checkbox"/> 3500 Candida Isolate ID (Yeast Only)</p> <p><input type="checkbox"/> Other _____ (See Test Menu)</p>
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Comments and Additional Information

- *All fields designated with an asterisk are required fields.
- **Tests that require the medical history section to be completed are designated with two asterisks.
- ***Tests that require prior authorization are designated with three asterisks.

Specimen must be labeled with at least two unique patient identifiers that match identifiers on the requisition form, Ex: Name and DOB.

**Specimen must be packaged and shipped according to the specific criteria for each test.
[Consult the test menu for test specific requirements at www.FloridaPublicHealthLab.com](http://www.FloridaPublicHealthLab.com)**

Department Specific Instructions:

Virology:

- For tests that require prior approval, provide the name of the person who authorized the test.
- Complete the Medical History section when required.
- Provide the Merlin Outbreak Number when available (Norovirus and Respiratory Virus PCR tests).
- For Influenza A/B PCR surveillance testing, include the Right Sizing Lab Submission Form that was provided each Flu season.

Serology:

- Indicate Pregnancy Status for Syphilis testing.

Microbiology/Parasitology:

- Complete the Medical History section when required.
- Provide the Exclusion ID or Outbreak ID when available.
- If organism ID or suspected ID is available, it must be written in the comments section.
- If prior testing on the specimen has been conducted, include it in the comments and additional information section.

Mycobacteriology:

- Clinical Specimen is defined as a specimen taken directly from the patient and submitted for testing, Ex: BAL, Sputum, Tissue, etc.
- Referred Isolate is a growth of Acid Fast Bacilli on solid (LJ) or liquid media.

Request access at www.FloridaPublicHealthLab.com to create Electronic Lab Orders in WebLIMS

A fillable PDF version of this form is available at www.FloridaPublicHealthLab.com

General Laboratory Inquiries

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1325 NW 14th Avenue
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Fax: (813) 233-2379

**For After Hours Emergencies Contact:
866-FLA-LABS (866-352-5227)**