



State of Washington
Department of Health
PUBLIC HEALTH LABORATORIES
1610 N.E. 150th Street
Shoreline, Washington 98155-9701
Phone: (206) 418-5400
Fax: (206) 418-5545
MTS #1327 CLIA #50D0661453
Http://WWW.DOH.WA.GOV/EHSPHL/PHL

FOR PHL USE ONLY

Lab Number

Date/Time Received

Please Print Clearly

MICROBIOLOGY

PATIENT

NAME (LAST) _____ (FIRST) _____ (MI) _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
MALE FEMALE DATE OF BIRTH MO _____ DAY _____ YR _____ COUNTY _____
CHART OR PATIENT ID NUMBER _____
CLINICIAN _____ CLINICIAN'S PHONE # () - _____

SUBMITTER

NAME OF PERSON COMPLETING THIS FORM _____ PHONE # () - _____
MAIL RESULTS TO: _____
CITY, STATE, ZIP CODE: _____
COUNTY _____
AREA CODE & PHONE # () - _____ FAX # () - _____

EPIDEMIOLOGY

SPECIMEN IS FROM SINGLE CASE CONTACT OUTBREAK CARRIER
SUSPECTED SOURCE OF INFECTION: _____
TRAVEL HISTORY (CONTINUE TRAVEL HISTORY IN COMMENTS, IF NECESSARY)
 FOREIGN USA MO _____ DAY _____ YR _____ TO MO _____ DAY _____ YR _____
MO _____ DAY _____ YR _____ TO MO _____ DAY _____ YR _____
VACCINATION HISTORY _____

COMMENTS

ATTENTION: (See Instructions on Reverse Side of Form)

- BACTERIOLOGY CLINICAL MYCOBACTERIOLOGY
 MOLECULAR DIAGNOSIS/PCR PARASITOLOGY

SPECIFIC AGENT SUSPECTED: _____

DATE COLLECTED MO _____ DAY _____ YR _____ TIME OF DAY _____ AM PM

DATE OF ONSET MO _____ DAY _____ YR _____ TIME OF DAY _____ AM PM

DATE SENT TO STATE MO _____ DAY _____ YR _____ FATAL? YES NO

SUBMITTER'S LAB NUMBER: _____

- BLOOD CSF SPUTUM BRONCHIAL WASH
 SERUM STOOL RECTAL SWAB URINE
 THROAT GASTRIC URO-GENITAL NASOPHARYNGEAL
 WOUND (SITE) _____ FLUID (SPECIFY) _____
 TISSUE (SPECIFY) _____ OTHER (SPECIFY) _____

HAVE SPECIMENS FROM THIS PATIENT BEEN SUBMITTED PREVIOUSLY? YES NO

IS THIS REQUEST INVOLVED IN A MEDICAL-LEGAL SITUATION? YES NO

PLEASE ATTACH YOUR TEST RESULTS:

SPECIMEN SUBMITTED IS:
 ORIGINAL MATERIAL PURE ISOLATE MIXED ISOLATE
MEDIA USED FOR SUBMISSION OF SPECIMEN (SPECIFY): _____

- LABORATORY EXAMINATION REQUESTED:
 CULTURE ANTIMICROBIAL SUSCEPTIBILITY
 IDENTIFICATION/CONFIRMATION SEROLOGY PFGE
 MOLECULAR DIAGNOSIS/ PCR MTD
 OTHER (SPECIFY) _____

TREATMENT DRUGS USED _____ DATE BEGUN MO _____ DAY _____ YR _____ DATE COMPLETED MO _____ DAY _____ YR _____

FOR PHL USE ONLY

Date/Time Reported:

GENERAL INSTRUCTIONS:

- **PLEASE PRINT LEGIBLY.**
- **Please fill out the requisition form COMPLETELY.** Delays in processing the specimen or reporting results may occur if information is incomplete.
- **Each specimen submitted to the Public Health Laboratories (PHL) must be clearly marked with at least two unique identifiers for positive identification.**
- **Send specimens to the PHL as soon as possible to help ensure valid test results.**
- **All specimens being shipped must meet DOT(Department of Transportation) and US Postal Service regulations. It is the shippers responsibility to ensure that packages being shipped meet these regulations. Copies of the regulations can be obtained by contacting the Postal Service at [Http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/e6-18062.htm](http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/e6-18062.htm)**
- **Specimens mailed with insufficient postage will not be delivered by the Postal Service.**
- **This form replaces:**

Enteric Bacteriology	Form Number
Parasitology	DOH302-001
Mycobacteriology (TB)	DOH302-002
Reference Bacteriology - Legionella Culture - DFA	DOH 302-004
Reference Bacteriology	DOH302-012
Nose and Throat Specimens	DOH13-175
	DOH305-003
- **Do NOT use this form to submit specimens to the Rabies, Water Bacteriology, Food Bacteriology, Biotoxins, STD (including Chlamydia) or Virology Laboratories. Separate forms are available by calling (206) 418-5579. Using the incorrect form may delay processing of the specimen.**
- **To obtain additional requisition forms or collection kits, please contact the PHL Mail Room at (206) 418-5579.**

