DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Laboratory

Barcode(s) Label Here

LIMS#: _____ **Agency/Site Name:** _____ **Collection: Date** _____ **Time**_____

Name: (Print Clearly)

(Last) (First)

Address: _____ **Phone:**_____

City: _____ **State:** _____ **Zip:** _____ **Birth Date:** _____

(Check all that apply):

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black **Gender:** ☐ Male ☐ Female
☐ Native Hawaiian or Pacific Islander ☐ Other Race ☐ White

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown **Test Reason:** ☐ Screening ☐ STD contact

Insurance Name :_____ **Subscriber ID:**_____ **Plan/Group**_____

Clinician (Name and ID#): _____ **ICD-10:** _____

TEST REQUESTED

STD

- ☐ Chlamydia and GC DNA Amplification: Circle Source: Cx / Urethra / Urine / Oral / Rectal/ Vaginal
- ☐ Trichomonas DNA amplification: Circle Source: CX / Urine/ Vaginal
- ☐ Syphilis
- ☐ HIV / Confirmation
- ☐ Hepatitis C Virus
- ☐ Herpes simplex virus (HSV) / Varicella zoster virus (VZV) Source: _____

CULTURE

- ☐ Bacterial Culture - Source: _____ (Misc., wound, genital, respiratory)
- ☐ Urine Culture
- ☐ Throat for Strep Only
- ☐ Stool Culture – Rule Out Salmonella / Shigella
- ☐ Stool Culture

AFB

- ☐ AFB Culture and Smear Source: _____
- ☐ Mycobacteria Referral - Source:_____
- ☐ Quantiferon

DATA ENTRY BY LAB & SPECIAL REQUESTS

- ☐ Influenza rRT PCR Source: _____
- ☐ COVID-19 Source :_____
- ☐ COVID-19 Antibody Circle desired test: IgM IgG Natural IgG Vaccine
- ☐ Respiratory Viral Panel (EPI) Source: NP Only
- ☐ Pertussis (Whooping Cough) (EPI) PCR
- ☐ Norovirus PCR (EPI)
- ☐ WNV IgM (serum or CSF)
- ☐ Syphilis – VDRL (CSF Only)
- ☐ Whole Genome Seq Source:_____
- ☐ Carbapenem Resistant Organism Organism:_____
- ☐ Culture Independent Diagnostic Test:_____
- ☐ Bacterial Confirmation for:_____
- ☐ Test for / Rule out:_____
- ☐ Other: _____ Source:_____