



Oklahoma State Department of Health
Creating a State of Health

**Oklahoma State Department of Health
Public Health Laboratory**

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Test Directory: <http://phl.health.ok.gov>

Laboratory Director:
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CLIA #: 37D0656594

Please, PRINT; *indicates required fields

Patient Information

Name* (last) _____ (first) _____ (initial) ____ DOB* ____ / ____ / ____

Address _____ City _____ State ____ Zip _____

Sex:* M F

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Unknown

Race: White Black/African American Asian American Indian/ Alaska Native
(mark all applicable) Native Hawaiian/Other Pacific Islander Other

Submitter Information

Practitioner Name* (last) _____ (first) _____ (initial) ____ NPI _____

Facility Name* _____ Phone # () - Fax # () -

Address* _____ City* _____ State ____ Zip* _____

Clinical Information

Diagnosis _____ Onset (mm-dd-yyy) ____ / ____ / ____

Antibiotics (list and start dates) _____

Specimen Information

Collection Date (mm-dd-yyy)* ____ / ____ / ____ Time (hour:minute) _____ AM / PM By _____

Source/Type*(check one only)

- Blood Serum Urine Stool CSF Pleural fluid Pericardial fluid Blood smears
- Sputum, expect. Sputum, induced Bronchial brush Bronchial wash Bronchoalveolar lavage Tracheal aspirate
- Nasopharynx Oropharynx Nasal wash Eye Rectum/anus Vagina Cervix
- Tissue (specify): Wound/Lesion (specify):
- Cultured isolate (specify suspect agent): Environmental (specify):
- Other (specify):

Test Request (mark one only)

Bacteriology

- Bacterial isolate, identification/serotyping/confirmation
Variable specimen according to source (contact lab)
- Bacteria, non-enteric, isolation and identification
Variable specimen according to source (contact lab; requires pre-approval)
- Enteric pathogens, isolation and identification
Feces, 2 g or 5-10 mL in Cary Blair or GN Broth (STEC only)
- Bordetella
Nasopharynx, 1 or 2 swabs; Isolate, confirm visible growth
- Chlamydia/Gonorrhea
Urine, first 20-60 mL of void – transfer to UPT tube; Vaginal swab, use only BD vaginal specimen transport device
- Group B streptococcus
Vaginal/anal swab in LIM broth (combined vaginal/anal collection preferred)
- Syphilis, serology (reverse algorithm)
Serum in SST, 2 mL
- Bacteria, environmental (contact lab)

Virology

- Hepatitis B surface antigen (HBsAg)
Serum, 2 mL (approved submitters only)
- HIV-1/2 antigen/antibodies
Serum in SST, 2 mL (approved submitters only)
- Human papillomavirus, high risk
Residual ThinPrep, 1 mL
- Influenza virus A and B
Nasopharyngeal (preferred), nasal or throat swabs, 1 or 2 in VTM
- Respiratory Pathogen Panel
Nasopharyngeal swab, 1 or 2 in VTM, or equivalent media
- Rubella antibodies
Serum in SST, 1 mL (female CHD patients only)
- West Nile virus/St. Louis encephalitis virus, IgM antibodies
Serum in SST, 2 mL; CSF, 1 mL (CSF must be accompanied by serum)
- Zika virus, chikungunya virus, dengue virus, PCR
Serum in SST, 2 mL; CSF, 1 mL; Urine 1 mL; Amniotic fluid 1 mL (CSF, urine and amniotic fluid must be accompanied by serum) (contact lab; requires pre-approval)

Mycobacteriology/Mycology

- Fungal isolate, identification
Plate or slant with visible growth
- Mycobacteria, smear and culture w/ reflex to identification
Respiratory sediments, 5-10 mL; Sterile fluid, >2 mL; Blood, 5-10 mL ACD or heparin; Tissue, 1 g; Urine, >5 mL
- Mycobacteria, isolate identification
Liquid culture, >3 mL; Solid culture, visible growth
- M. tuberculosis complex PCR
Respiratory sediments, 5-10 mL (CHDs require OSDH TB physician pre-approval)

Parasitology

- Parasites, blood
Babesia/trypanosomes/filariae: Giemsa or Giemsa-Wright-stained blood smears, 1 thick and 1 thin
Malaria: Giemsa or Giemsa-Wright-stained blood smears, 1 thick and 1 thin AND 2-6 mL EDTA blood

Other

- Other (write-in description of test)