SLD CLINICAL TEST REQUEST FORM

NEW MEXICO DEPARTMENT OF HEALTH

Scientific Laboratory Division
1101 Camino de Salud N.E.
Albuquerque, NM 87102

SLD LAB NO. ONLY

ONE FORM PER SPECIMEN

PLEASE PRINT LEGIBLY

SLD Form 101 v4.0 Revised 12/20

USER CODES →→

SLD USE ONLY

DATE <<<TIME STAMP

- ☐ 51000 (Epidemiology)
- ☐ 52000 (PHD: General)
- ☐ 52110 (PHD: Prenatal)
- ☐ 52120 (PHD: Family Plan)
- ☐ 52340 (PHD: Refugee)
- ☐ 52325 (PHD: Adult Hepatitis)
- ☐ 52330 (PHD: TB Program)
- ☐ 51006 (EIP)
- ☐ 70704 (OMI)
- ☐ Other: (Enter Number) _____

Please limit to one code per form

SUBMITTER INFORMATION

SUBMITTER CODE _____

FACILITY NAME _____

ADDRESS _____
Street or PO

_____
City State Zip Code

PHONE (_____) _____

ATTENTION: _____

PATIENT INFORMATION

PATIENT NAME _____
Last First

GENDER ☐ MALE ☐ FEMALE ☐ TRANSGENDER

DATE OF BIRTH MM/ DD/ YYYY : _____/_____/_____

ADDRESS _____
Street or PO

(_____) _____ _____
Phone Number City State Zip Code

PATIENT ID (MRN#) _____

SOCIAL SECURITY _____

OTHER ID (HIV#) _____

CLINICIAN NAME _____
Last First

PHONE # ( )

RACE: Check all that apply.

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic

SPECIMEN INFORMATION

SPECIMEN SOURCE

☐ Abscess	☐ Bronchial Biopsy	☐ Hair	☐ Nasal wash	☐ Sputum, nebulized
☐ Ascites fluid	☐ Bronchial Wash	☐ Fluid (site):_____	☐ Pericardial fluid	☐ Throat swab
☐ Blood, femoral	☐ Bronchoalveolar lavage	☐ Liver	☐ Peritoneal fluid	☐ Throat wash
☐ Blood, heart	☐ Cervix	☐ Lymph node	☐ Pleural fluid	☐ Tissue (site): _____
☐ Blood, plasma	☐ CSF	☐ Lung, left	☐ Pleural Biopsy	☐ Tracheal aspirate
☐ Blood, serum	☐ Ear	☐ Lung, right	☐ Rectum	☐ Urine
☐ Blood, whole	☐ Endocervix	☐ Nail (site)_____	☐ Rectum/Vagina	☐ Urethra
☐ Bone	☐ Eye	☐ Nasopharyngeal swab	☐ Skin (site)_____	☐ Vagina
☐ Bone marrow	☐ Feces/Stool	☐ Nasopharyngeal wash	☐ Spleen	☐ Wound (site):_____
☐ Brain	☐ Genital	☐ Nasal swab	☐ Sputum, natural	☐ Other: _____

SPECIMEN COLLECTION

Date/Time Collected ____/____/____ _____
MM/ DD/ YYYY Military Time

SPECIMEN TYPE

☐ Clinical

☐ Reference

CLINICAL SYMPTOMS

☐ Asymptomatic

☐ Symptomatic: Date of onset: MM / DD / YYYY ____/____/____

ANALYSIS REQUESTED

For Details: http://nmhealth.org/publication/view/general/1496/

GENERAL MICROBIOLOGY

BACTERIOLOGY

- ☐ B. anthracis
- ☐ B. cereus/S. aureus
- ☐ Culture, OMI
- ☐ Culture, OMI anaerobic
- ☐ Campylobacter species:_____
- ☐ E. coli 0157:H7
- ☐ EIP Group A Streptococcus
- ☐ EIP Group B Streptococcus
- ☐ EIP S. pneumoniae isolate
- ☐ GC culture
- ☐ Haemophilus influenzae typing
- ☐ Listeria monocytogenes
- ☐ Legionella culture

ID of Bacteria (specify)

- ☐ Anaerobe _____
- ☐ Gram negative _____
- ☐ Gram positive _____

Antimicrobial Resistance
(Please attach Susceptibility Report)

- ☐ CRE Panel (Indicate below)
  - ____CRE:_____
  - ____CRPa (P. aeruginosa)
  - ____Other:_____

- ☐ N. meningitidis typing
- ☐ Plague FA and culture
- ☐ Salmonella, serotype:_____
- ☐ Shigella, serotype:_____
- ☐ Shiga Toxin test/isolation
- ☐ Tularemia culture
- ☐ Vibrio
- ☐ Yersinia enterocolitica:_____
- ☐ Other:_____

AFB/TUBERCULOSIS/MYCOLOGY

- ☐ Aerobic actinomycetes
- ☐ AFB Culture
- ☐ AFB Reference Isolate
  - Suspected ID:_____
- ☐ Fungal/Yeast Culture
- ☐ Fungal/Yeast Reference Isolate
  - Suspected ID:_____

MOLECULAR

- ☐ Pertussis (Bordetella sp.) PCR
- ☐ Other:_____
  - (ERD only)

SEROLOGY

- ☐ Arbovirus ID
- ☐ CDC referral (attach form 50.34)
- ☐ HIV Ag/Ab Combo with Reflex
- ☐ Hepatitis A Diagnosis (IgM Only)
- ☐ Hepatitis A Immune Status
- ☐ Hepatitis B Pre-Vaccination
- ☐ Hepatitis B Prenatal Screen
- ☐ Hepatitis B Post-Vaccination
- ☐ Hepatitis B High Risk
- ☐ Hepatitis B High Risk and HCV
- ☐ Hepatitis C Antibody (Anti-HCV)
- ☐ Hepatitis A,B and C Diagnostic Panel (Acute)
- ☐ Mumps Immune Status
- ☐ Plague/Tularemia antibody
- ☐ Rubella immune status
- ☐ Rubella diagnosis (call first)
- ☐ Rubeola immune status
- ☐ Rubeola diagnosis (call first)
- ☐ SNV Hantavirus
- ☐ Syphilis RPR with Reflex to TPPA
- ☐ Syphilis RPR and TPPA
- ☐ TB Quantiferon
- ☐ VZV immune status
- ☐ Other (Specify):_____

VIROLOGY

- ☐ 2019 Novel Coronavirus RT-PCR
- ☐ Influenza RT-PCR
  (Per Epidemiology Guidance)
  Rapid Test: Pos____Neg____
  Not Performed_____
- ☐ **Virus Isolation**
  Agent(s) suspected:
  - ___ Influenza
  - ___ HSV
  - ___ Other (Specify):_____
- ☐ Dengue/Chikungunya PCR
- ☐ Ebola PCR
- ☐ Other:_____
  (ERD only)

Phone #'s: General Microbiology (505)383-9126/27/28; Molecular Biology (505)383-9130/60; Virology/Serology(505)383-9125/24/33; Specimen Receiving (505)383-9068/66 Bureau Chief (505)383-9122; SLD Main (505)383-9000; Fax(505)383-9121