

	Division of Laboratory Services Clinical Submission Requisition	Place State Lab Accession Label Here (TDH use only)
<p style="text-align: center;">*Indicates Required Fields</p> <p style="text-align: center;">Final test reports cannot be issued if required information is missing</p>		
SPECIMEN COLLECTION INFORMATION		
*Last Name:	*First Name:	MI:
*DOB:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)		
Address:		
City:	State:	Zip Code:
Outbreak Number:		
*Date of Collection:	*Specimen Type & Source:	*County of Residence:
SUBMITTER INFORMATION		
*Submitting Facility:	Patient Medical Record Number:	
Address:	Phone Number:	Fax Number:
City:	State:	Zip Code:
*Ordering Provider:	Phone Number:	Fax Number:
Sample Collection Facility:	Patient Medical Record Number:	
Address:	Phone Number:	Fax Number:
City:	State:	Zip Code:
Point of Contact:	Phone Number:	Fax Number:
*TEST REQUESTED		
Culture <input type="checkbox"/> Actinomycete (Aerobic) <input type="checkbox"/> Aerobe <input type="checkbox"/> Anaerobe <input type="checkbox"/> Enteric <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Herpes Simplex Virus <input type="checkbox"/> Legionella <input type="checkbox"/> Mycobacteria Smear & Culture <input type="checkbox"/> Mycobacteria Reference Isolate <input type="checkbox"/> Mycology <input type="checkbox"/> Viral: Virus Suspected _____ <input type="checkbox"/> Other Miscellaneous (Please specify) _____	Parasitology <input type="checkbox"/> Blood Parasite <input type="checkbox"/> Ova & Parasite <input type="checkbox"/> Cryptosporidium Serology <input type="checkbox"/> Arbovirus Panel <input type="checkbox"/> HBV Screen <input type="checkbox"/> HCV Screen <input type="checkbox"/> HIV Screen <input type="checkbox"/> Measles/Rubella IgM <input type="checkbox"/> Syphilis RPR <input type="checkbox"/> VDRL	Molecular <input type="checkbox"/> Bordetella (Pertussis) PCR <input type="checkbox"/> <i>C.trachomatis/N.gonorrhoeae</i> (GenProbe) <input type="checkbox"/> GI Panel (Biofire) <input type="checkbox"/> ESBL <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Plasmodium PCR ARLN <input type="checkbox"/> <i>C. auris</i> Colonization <input type="checkbox"/> <i>Candida</i> species Confirmation <input type="checkbox"/> CRE/CRPA/CRAB Colonization <input type="checkbox"/> CRE/CRPA/CRAB Confirmation
ADDITIONAL INFORMATION		
Is this an isolate/specimen being submitted in response to the TDH Reportable Diseases and Events Guidelines? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is this an isolate/specimen being submitted as part of a surveillance program? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, program name: _____		
Please provide the following information with regard to isolates/specimens submitted:		
Gram Stain Reaction: _____ Other lab tests performed and results: _____		
Automated ID if applicable: _____ Suspected Organism: _____		
LABORATORY FACILITIES		
Nashville Laboratory: P.O.Box 305130, Nashville, TN 37230 (USPS) OR 630 Hart Lane, Nashville, TN 37216 (FedEx, UPS, courier delivery) Richard Steece, PhD, D(ABMM), Public Health Laboratory Director Main Line: (615) 262-6300		
Knoxville Regional Laboratory: 2101 Medical Center Way, Knoxville, TN 37920 George J. Dizikes, PhD, HCLD/CC (ABB), Public Health Laboratory Director Main Line: (865) 549-5201		
Shelby County Health Department: 814 Jefferson Avenue, Memphis, TN 38105 Vickie Baselski, PhD, D(ABMM), Public Health Laboratory Director Main Line: (901) 222-9477		