



Tennessee Department of Health  
Division of Laboratory Services  
Clinical Submission Requisition

**Place State Lab Accession  
Label Here**  
(TDH use only)

**\*Indicates Required Fields**

Final test reports cannot be issued if required information is missing

**SPECIMEN COLLECTION INFORMATION**

<b>*Last Name:</b>		<b>*First Name:</b>		MI:
<b>*DOB:</b>	<b>*Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Other <input type="checkbox"/> Unk		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:			Phone Number: ( )	
City:	State:	Zip Code:	Outbreak Number:	
<b>*Date of Collection:</b>		<b>*Specimen Type &amp; Source:</b>		<b>*County of Residence:</b>

**UNLABELED OR MISLABELED SPECIMENS CANNOT BE TESTED; TWO DISTINCT IDENTIFIERS REQUIRED ON EACH TUBE.**

**SUBMITTER INFORMATION**

<b>*Submitting Facility:</b>		Patient Medical Record Number:	
Address:		Phone Number: ( )	Fax Number: ( )
City:		State:	Zip Code:
<b>*Ordering Provider:</b>		Phone Number: ( )	Fax Number: ( )
<b>Sample Collection Facility:</b>		Patient Medical Record Number:	
Address:		Phone Number: ( )	Fax Number: ( )
City:		State:	Zip Code:
Point of Contact:		Phone Number: ( )	Fax Number: ( )

**\*TEST REQUESTED**

<p><b>Culture</b></p> <input type="checkbox"/> Actinomycete (Aerobic) <input type="checkbox"/> Aerobe <input type="checkbox"/> Anaerobe <input type="checkbox"/> Enteric <input type="checkbox"/> Gonorrhea <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 _____	<p><b>Serology</b></p> <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 <p><b>Parasitology</b></p> <input type="checkbox"/> Blood Parasite <input type="checkbox"/> Ova & Parasite <input type="checkbox"/> Cryptosporidium	<p><b>Molecular</b></p> <input type="checkbox"/> CT/GC (GenProbe) <input type="checkbox"/> GI Panel (Biofire) <input type="checkbox"/> Herpes Simplex Virus <input type="checkbox"/> Legionella PCR <input type="checkbox"/> Measles PCR** <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Mumps PCR** <input type="checkbox"/> Plasmodium PCR <p><b>ARLN</b></p> <input type="checkbox"/> C. auris Colonization <input type="checkbox"/> Candida species Confirmation <input type="checkbox"/> CRE/CRPA/CRAB Colonization <input type="checkbox"/> CRE/CRPA/CRAB Confirmation
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**Other Miscellaneous Testing (Please specify below)**

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\*\* Requires prior approval from CEDEP

**ADDITIONAL INFORMATION**

Is this an isolate/specimen being submitted in response to the TDH Reportable Diseases and Events Guidelines?  No  Yes

Is this an isolate/specimen being submitted as part of a surveillance program?  No  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**

<p><b>Nashville Laboratory:</b>          P.O.Box 305130, Nashville, TN 37230 (USPS) <b>OR</b>          630 Hart Lane, Nashville, TN 37216 (FedEx, UPS, courier delivery)          Main Line: (615) 262-6300          Richard Steece, PhD, D(ABMM), Public Health Laboratory Director</p>	<p><b>Knoxville Regional Laboratory:</b>          2101 Medical Center Way, Knoxville, TN 37920          Main Line: (865) 549-5201          George J. Dizikes, PhD, HCLD/CC (ABB), Public Health Laboratory Director</p>
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