



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

*Last Name:		*First Name:		MI:
*DOB:	*Sex: <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:	
*Date of Collection:		*Specimen Type/ Source:		*County of Residence:

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

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

- Actinomycete (Aerobic)
- Aerobe
- Anaerobe
- Enteric
- Gonorrhea
- Legionella pneumophila*
- Mycobacteria Smear & Culture
- Mycobacteria Reference Isolate
- Mycology

Serology

- Arbovirus Panel
 - HBV Screen**
 - HCV Screen
 - HIV Screen
 - Measles IgM**
 - Syphilis RPR
- Parasitology**
- Blood Parasite
 - Ova & Parasite
 - Cryptosporidium*

Molecular

- CT/GC (GenProbe)
 - GI Panel (Biofire)
 - Herpes Simplex Virus
 - Measles PCR**
 - Norovirus PCR
 - Mumps PCR**
 - Plasmodium* species PCR
- ARLN**
- Acinetobacter baumannii* Screening
 - Aspergillus fumigatus* AST
 - C. auris* Colonization
 - Candida* species Confirmation
 - CPO Colonization
 - CRE/CRPA/CRAB Confirmation

Other Miscellaneous Testing (Please specify below)

** 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

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