



State of Washington
 Department of Health
PUBLIC HEALTH LABORATORIES
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 MTS #1327 CLIA #50D0661453
 www.doh.wa.gov/phlforms

FOR PHL USE ONLY

Lab Number

Date/Time Received

Please Print Clearly

MICROBIOLOGY

PATIENT

SUBMITTER

EPIDEMIOLOGY

COMMENTS

NAME (LAST) _____
 _____ (FIRST) _____ (MI)
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 MALE FEMALE DATE OF BIRTH MO _____ DAY _____ YR _____ COUNTY _____
 CHART OR PATIENT ID NUMBER _____
 CLINICIAN _____ CLINICIAN'S PHONE # () - _____

NAME OF PERSON COMPLETING THIS FORM _____ PHONE # () - _____
 MAIL RESULTS TO: _____
 CITY, STATE, ZIP CODE: _____
 COUNTY _____
 AREA CODE & PHONE # () - _____ FAX # () - _____

SPECIMEN IS FROM
 SINGLE CASE CONTACT OUTBREAK CARRIER
 SUSPECTED SOURCE OF INFECTION: _____
 TRAVEL HISTORY (CONTINUE TRAVEL HISTORY IN COMMENTS, IF NECESSARY)
 FOREIGN USA MO _____ DAY _____ YR _____ TO MO _____ DAY _____ YR _____
 MO _____ DAY _____ YR _____ TO MO _____ DAY _____ YR _____
 VACCINATION HISTORY _____

COMMENTS

SPECIMEN INFORMATION

ATTENTION: (See Instructions on Reverse Side of Form)
 BACTERIOLOGY MYCOBACTERIOLOGY (TB)
 MOLECULAR DIAGNOSIS/PCR PARASITOLOGY
 SPECIFIC AGENT SUSPECTED: _____
 DATE COLLECTED MO _____ DAY _____ YR _____ TIME OF DAY _____ . _____ AM PM
 DATE OF ONSET MO _____ DAY _____ YR _____ TIME OF DAY _____ . _____ AM PM
 DATE SENT TO STATE MO _____ DAY _____ YR _____ FATAL? YES NO
 SUBMITTER'S LAB NUMBER: _____
 BLOOD CSF SPUTUM BRONCHIAL WASH
 SERUM STOOL RECTAL SWAB URINE
 THROAT GASTRIC URO-GENITAL NASOPHARYNGEAL
 WOUND (SITE) _____ FLUID (SPECIFY) _____
 TISSUE (SPECIFY) _____ OTHER (SPECIFY) _____
 HAVE SPECIMENS FROM THIS PATIENT BEEN SUBMITTED PREVIOUSLY? YES NO
 IS THIS REQUEST INVOLVED IN A MEDICAL-LEGAL SITUATION? YES NO
 PLEASE ATTACH YOUR TEST RESULTS :
 SPECIMEN SUBMITTED IS:
 ORIGINAL MATERIAL PURE ISOLATE MIXED ISOLATE
 MEDIA USED FOR SUBMISSION OF SPECIMEN (SPECIFY): _____
LABORATORY EXAMINATION REQUESTED:
 SMEAR CULTURE NAAT
 MOLECULAR DIAGNOSIS/PCR IDENTIFICATION/CONFIRMATION
 PFGE SEROLOGY ANTIMICROBIAL SUSCEPTIBILITY
 OTHER (SPECIFY) _____
 TREATMENT DRUGS USED _____ DATE BEGUN MO _____ DAY _____ YR _____ DATE COMPLETED MO _____ DAY _____ YR _____

 FOR PHL USE ONLY
 Date/Time Reported:

GENERAL INSTRUCTIONS:

- **PLEASE PRINT LEGIBLY.**
- **Please fill out the requisition form COMPLETELY. Delays in processing the specimen or reporting results may occur if information is incomplete.**
- **Each specimen submitted to the Public Health Laboratories (PHL) must be clearly marked with at least two unique identifiers for positive identification.**
- **Send specimens to the PHL as soon as possible to help ensure valid test results.**
- **All specimens being shipped must meet DOT(Department of Transportation) and US Postal Service regulations. It is the shippers responsibility to ensure that packages being shipped meet these regulations. Copies of the regulations can be obtained by contacting the Postal Service at [Http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/e6-18062.htm](http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/e6-18062.htm)**
- **Specimens mailed with insufficient postage will not be delivered by the Postal Service.**
- **This form replaces:**

	Form Number
Enteric Bacteriology	DOH 302-001
Parasitology	DOH 302-002
Mycobacteriology (TB)	DOH 302-004
Reference Bacteriology - Legionella Culture - DFA	DOH 302-012
Reference Bacteriology	DOH 13-175
Nose and Throat Specimens	DOH 305-003
- **Do NOT use this form to submit specimens to the Rabies, Water Bacteriology, Food Bacteriology, Biotox-ins, Syphilis, HIV, or Virology Laboratories. Separate forms are available by calling (206) 418-5579. Using the incorrect form may delay processing of the specimen.**
- **To obtain additional requisition forms or collection kits, please contact the PHL Mail Room at (206) 418-5579 .**

