Alaska State Public Health Laboratory
PO Box 196093
Anchorage, AK 99519
Phone: 907-334-2100
24 hour: 1-855-222-9918
HIPAA Compliant Fax: 907-334-2161

Anchorage Lab Request Form *v04/20/2020*

This Space is for Lab Use Only

Patient Information: Preprinted Labels are Recommended

☐ Non-Human Sample

Two unique patient identifiers are required on the specimen and the requisition. Please print clearly.

Patient ID (Chart#, MR#)	**Collection Date**	Time am pm
Last Name	**First Name**	MI
Date of Birth	**Gender**	Other Patient/Sample ID
Date of Death	Medicaid/Medicare #	City/Village

Submitter Information - Report Results to:

Facility Name (Hospital/Clinic/etc.)	ICD10 Code
Provider Name	Phone Number
Mailing Address	Fax Number
City	**State** / **Zip Code**
Epidemiology Investigation ◯ YES ◯ NO	Project Code

Chlamydia & Gonorrhoea NAAT

- ☐ CT/GC Urine
- ☐ CT/GC Endocervical
- ☐ CT/GC Oropharyngeal
- ☐ CT/GC Rectal
- ☐ CT/GC Urethral
- ☐ CT/GC Vaginal
- ☐ CT Eye **Chlamydia Testing Only**

Trichomonas NAAT, Fee Applies

- ☐ Trichomonas Urine
- ☐ Trichomonas Endocervical
- ☐ Trichomonas Vaginal

Syphilis

- ☐ Syphilis Screen - RPR, reflex to FTA (Confirmatory)
- ☐ Syphilis Suspected or Exposure - RPR and FTA

Mycobacteriology (TB)

Source: _____

- ☐ AFB Culture and Smear
  Susceptibility testing performed on initial TB positive cultures only
- ☐ TB NAAT: *Contact Alaska TB Control 269-8000 for approval prior to ordering*

Parasitology

- ☐ Ova and Parasite Exam
- ☐ *Giardia/Cryptosporidium* DFA
- ☐ Acid Fast Stain
  Cyclospora, Cryptosporidium, and Cystoisopora
- ☐ Pinworm Exam
- ☐ Arthropod/Ectoparasite/Worm ID
- ☐ Blood Parasite Exam
  Submit thick and stained thin smears for malaria

Travel History: _____

This space for lab use only

Bacteriology

- ☐ Diphtheria Culture Source: _____
- ☐ Enteric Culture: *Campylobacter, E. coli, Salmonella, Shigella*
  - ☐ *Aeromonas/Plesiomonas*
  - ☐ *Vibrio*, species if known_____
  - ☐ *Yersinia*, species if known_____
- ☐ Routine Shiga toxin Screen (EIA)
- ☐ Other:_____

Reportable Organism Submission

Source: _____

Culture Independent Method Used? ◯ YES ◯ NO

CIDT Method: _____

Please Attach CIDT Instrument Printout

- ☐ *Campylobacter*
- ☐ *Corynebacterium diphtheriae*
- ☐ *E. coli* STEC (Referred Positive)
  - ☐ *E. coli* O157 Method Used: _____
  - ☐ *E. coli* Non-O157
  - ☐ Shiga toxin EIA Method Used: _____
- ☐ *Haemophilus influenzae**
- ☐ *Listeria monocytogenes*
- ☐ *Neisseria gonorrhoeae*
- ☐ *Neisseria meningitidis**
- ☐ *Salmonella*, species if known_____
- ☐ *Shigella*, species if known_____
- ☐ *S. pyogenes, agalactiae*, or *pneumoniae**
- ☐ *Vibrio*, species if known _____
- ☐ *Yersinia*, species if known _____

Isolates from normally sterile body fluids or sites only. Referred to Arctic Investigations Program

Pertussis

- ☐ Pertussis PCR
  Dacron or Polyester Nasopharyngeal Swabs Only
  Samples from patients currently taking antibiotics longer than 5 days may yield false negative results.

Antibiotic start date: _____

Botulism

- ☐ Contact Epidemiology 1-800-478-0084
- ☐ Contact ASPHL 1-855-222-0957
- ☐ Pre-HBAT Serum

Date/Time HBAT Administered: _____

- ☐ Stool
- ☐ Gastric/Vomitus

Other/Food:

Emerging Pathogens: COVID, ZIKA, MERS, etc.

- ☐ Contact Epidemiology 907-269-8000
- ☐ Contact ASPHL 907-334-2100

Specify Pathogen: _____

Source:

Biological/Chemical Terrorism Agents

- ☐ Contact ASPHL 1-855-222-9918

Suspected Agent/Toxin: _____

Source: _____

Please attach Instrument printout/workcards

Chemistry

Only authorized providers can request Chemistry Testing

- ☐ Blood Lead (Pb)
  (Indicate Source: Capillary or Venous Blood)
- ☐ CINA Trace Drug Panel *(Urine Only)*
- ☐ Hair Mercury
- ☐ Toxic Alcohols and Glycols
  (Whole Blood Only - gray top preferred -no SST)

Other: _____

Source: _____

If the desired test is not on this form, please review the Fairbanks Public Health Lab Request Form.

http://dhss.alaska.gov/dph/Labs/Pages/publications/default.aspx