# MICROBIOLOGY LABORATORY SPECIMEN SUBMISSION FORM

## DATE OF COLLECTION:

### SITE/SOURCE OF SPECIMEN:
- Blood
- Sputum
- Cellulose tape mount
- Sputum, induced
- CSF
- Stool
- Nasopharyngeal
- Stool, bloody
- Rectal
- Throat
- Serum
- Urethra
- Serum, acute
- Urine
- Serum, convalescent
- Wound
- Bronchial
- Tissue
- Fluid
- Other

### TEST(S) REQUESTED:

#### BACTERIOLOGY
- Referred Culture
- Pertussis culture / PCR
- Enteric (stool in Cary-Blair)
- Gonorrhea culture/smear
- Unknown bacteriology ID

#### MYCOBACTERIOLOGY
- Culture/Smear
- TB ID/Confirmation
- MOTT Identification

#### VIROLOGY
- Influenza RT-PCR
  - Submitted for:
    - Surveillance (Sentinel)
    - Other (note in Comments)
    - Outbreak
      - If outbreak . . .
      - School
      - Nursing Home/LTCF
      - Other
    - Respiratory Pathogen Panel
- Norovirus RT-PCR
- GI Pathogen Panel

#### PARASITOLOGY
- Fecal Parasite Exam (10% formalin)
- Pinworm Exam (cellulose tape mount)

#### SENDOUT
- Referred Culture/ID

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**CONTACT NAME:** ___________________________

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**OUTBREAK NUMBER**

(REQUIRED FOR OUTBREAKS - OBTAIN FROM DIDE)

**PLACE BARCODE HERE**

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**OFLS USE ONLY**
- UNSAT | Reason:
- UNRELIABLE | Reason:
- SATISFACTORY

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**FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY MAY RESULT IN DELAYED TEST RESULTS**

rev. 09/2014

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**DIDE = Division of Infectious Disease Epi**

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