



South Dakota Public Health Laboratory
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 www.state.sd.us/doh/Lab/index.htm

Lab Use Only

Program Use Only

- Public Health Investigation
- CD Billing Code _____
- Flu Surveillance
- Outbreak

Facility _____
 Address _____
 City _____
 Phone _____
 Physician/Clinician Name _____

Rev. 6/14

(Full and accurate completion of this form will prevent delays in testing.)

Patient Information:

Patient Name: (Last) _____ (First) _____ (MI) _____

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Patient's Address	Date of Birth	Sex	Race/Ethnicity
City	State	Zip Code	Medicaid/Medicare Number

Patient Data	Disease Suspected	Date of Onset
Principal Symptoms	Fever (Over 100 F)	Rash? Y/ N
Diagnostic Code	Immunization Date	Screening Y/N

Specimen Data: Specimen Collect Date

____/____/____

Specimen Source:

- | | | | | |
|--|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Serum | <input type="checkbox"/> Bronch Wash | <input type="checkbox"/> NP Aspirate | <input type="checkbox"/> Spinal Fluid | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Whole Blood (Red Top) | <input type="checkbox"/> Cervical | <input type="checkbox"/> NP Swab | <input type="checkbox"/> Sputum | <input type="checkbox"/> Vaginal |
| <input type="checkbox"/> Whole Blood (EDTA) Venous/Capillary | <input type="checkbox"/> Eye | <input type="checkbox"/> Oral Fluid | <input type="checkbox"/> Stool | <input type="checkbox"/> Fluid, other _____ |
| <input type="checkbox"/> Plasma _____ | <input type="checkbox"/> Joint Fluid | <input type="checkbox"/> Pleural | <input type="checkbox"/> Throat | <input type="checkbox"/> Tissue source _____ |
| | <input type="checkbox"/> Lesion | <input type="checkbox"/> Rectal Swab | <input type="checkbox"/> Urethral | |

SEROLOGY

- SBR** *Brucella* Ab
- CMG** *Cytomegalovirus* IgG Ab
- CMM** *Cytomegalovirus* IgM Ab
- STU** *Francisella tularensis* Ab
- HPS** Hantavirus IgG/IgM Ab
- HAP** Hepatitis Acute Panel
- HAM** Hepatitis A IgM Ab
- HAV** Hepatitis A Total Ab
- HBD** Hepatitis B Acute Profile
- HBC** Hepatitis B Chronic Profile
- VHC** Hepatitis B Core Total Ab
- VCM** Hepatitis B Core IgM Ab
- VHG** Hepatitis B Surface Ab
- VSG** Hepatitis B Post Vac. Screen
- VSF** Hepatitis B Surface Ag
- HCV** Hepatitis C Ab

- HSQ** Herpes Simplex Ab
- VLM** Lyme Total Ab
- VRO** Measles IgG (Rubeola) Ab
- VMM** Measles IgM (Rubeola) Ab
- VMS** Mumps IgG Ab
- VUM** Mumps IgM Ab
- VQS** Q Fever IgG Ab
- VRK** Rickettsial Ab Panel
- VSF** Rocky Mt. Spotted Fever IgG Ab
- VRE** Rubella IgG Ab
- VRM** Rubella IgM Ab
- SLM** St. Louis Enceph. IgM Ab
- VTY** Typhus IgG Ab
- WNM** West Nile Virus IgM Ab
- WNG** West Nile Virus IgG Ab
- VNZ** Varicella Zoster IgG Ab

VIROLOGY

- VOI** *Adenovirus* Culture
- VCI** *Cytomegalovirus* Culture
- VEI** Enteric Virus Culture
- VHI** *Herpes Virus* Culture
- VRI** *Influenza Virus* Culture
- IAB** *Influenza A/B* PCR
- mPCR** Mumps PCR
- NORO** *Norovirus* PCR
- VRD** Respiratory Virus Direct Ag
- VOI** *Varicella Zoster* Culture
- VOI** Other _____

BLOOD LEAD

- BLT** Blood Lead

MYCOBACTERIOLOGY

- TTB** *Mycobacteria*
- TOT** *Mycobacteria* ID
- MTB** *M. tuberculosis* DNA

STD/SCREENING

- GPB** *Chlamydia/Gonorrhoeae*
- GP1** *C. trachomatis* only
- GP2** *N. gonorrhoeae* only
- HIV** HIV AB
- ORA** HIV (Orasure) Ab
- SSR** Syphilis Ab RPR

PARASITOLOGY

- BOP** Ova & Parasite Exam
- BCP** Cryptosporidium
- BCS** Cyclospora

BACTERIOLOGY

- BMD** *Bacillus* culture/ID
- PPR** *B pertussis* PCR
- BPC** *B pertussis* culture
- BMD** *Brucella* culture/ID
- CAM** *Campylobacter* ID
- BSD** *Corynebacterium diphtheriae*
- BEE** *E. coli* 0157 confirmation
- BMD** *Francisella tularensis*
- HFLU** *Haemophilus influenzae* typing
- BGR** *Neisseria gonorrhoeae* culture
- NMEN** *Neisseria meningitidis* serotyping
- SAL** *Salmonella* serotyping
- SHIG** *Shigella* serotyping
- STX** Shigatoxin EIA
- BEP** Enteric Stool Culture
- BVC** *Vibrio* culture/ID
- BYC** *Yersinia* culture/ID
- BMI** Yeast/Fungus ID
- OTHER** _____