



South Dakota Public Health Laboratory
 615 E. Fourth Street
 Pierre, SD 57501
 Phone 605-773-3368 Fax 605-773-8201
 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 _____

Patient Information: Patient ID _____

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

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

| | | |
|---|--|---|
| Patient Data | Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 1 st COVID Test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Date of Onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Employed in Healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Diagnostic Code |
| Resident of congregate setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Disease Suspected |

| | |
|---------------------------------|--|
| Specimen Data: | Specimen Source: |
| Collection Date: ____/____/____ | <input type="checkbox"/> Blood <input type="checkbox"/> Nasal <input type="checkbox"/> Rectal <input type="checkbox"/> Urethral <input type="checkbox"/> Bronch Wash <input type="checkbox"/> NP Aspirate <input type="checkbox"/> Spinal fluid CSF <input type="checkbox"/> Urine <input type="checkbox"/> Serum <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"/> Ear <input type="checkbox"/> OP Swab <input type="checkbox"/> Stool isolate <input type="checkbox"/> Fluid _____ <input type="checkbox"/> Quantiferon TB Gold Plus Blood <input type="checkbox"/> Eye <input type="checkbox"/> Pleural <input type="checkbox"/> Stool preserve <input type="checkbox"/> Tissue _____ <input type="checkbox"/> Plasma _____ <input type="checkbox"/> Nail <input type="checkbox"/> Throat <input type="checkbox"/> Wound _____ |

- SEROLOGY**
- SBR** *Brucella* Ab
 - STU** *Francisella tularensis* Ab
 - HPS** Hantavirus IgG/IgM Ab
 - HAM** Hepatitis A IgM Ab
 - HAP** Hepatitis A IgG 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
 - VSB** Hepatitis B Surface Ag
 - HCV** Hepatitis C Ab
-
- VLG** Lyme IgG Ab
 - VLM** Lyme IgM 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
 - COVG** SARS COV2 IgG
 - COVM** SARS COV2 IgM
 - VTY** Typhus IgG Ab
 - WNM** West Nile Virus IgM Ab
 - WNG** West Nile Virus IgG Ab
 - VNZ** Varicella Zoster IgG Ab

- VIROLOGY**
- IAB** *Influenza A/B* PCR
 - COV** SARS COV2 PCR
 - GIP** Gastrointestinal Panel
 - RPP** Respiratory Pathogen Profile
 - PCR** Measles PCR
 - MPCR** Mumps PCR
 - DEN** Dengue IgM Ab
 - ZikaM** Zika IgM Ab
 - ZikaS** Zika PCR Serology
 - VOI** OTHER _____
- BLOOD LEAD**
- BLT** Blood Lead
- MYCOBACTERIOLOGY**
- TTB** *Mycobacteria* Culture and Smear
 - TOT** *Mycobacteria* Reference ID
 - MTB** *M. tuberculosis* PCR
 - QFT** Quantiferon TB Gold Plus
- STD**
- GPB** *Chlamydia/Gonorrhoeae*
 - HIV** HIV
 - RPR** Syphilis Non-treponemal
 - TPPA** Syphilis Treponema pallidum
- PARASITOLOGY**
- BOP** Ova & Parasite Exam
 - BCP** Cryptosporidium
 - BCS** Cyclospora

- SPECIAL PATHOGENS**
- Please contact the laboratory at 605-773-3368 before sending.
- BACTERIOLOGY**
- BMD** Bacterial Misc. Culture ID
 - PPR** *B pertussis* PCR
 - BPC** *B pertussis* culture
 - CAM** *Campylobacter* ID
 - BSD** *Corynebacterium diphtheriae*
 - BEE** *E. coli* 0157 confirmation
 - HFLU** *Haemophilus influenzae* typing
 - mCIM** CRE Screen
 - 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** _____
- Referral** _____