

First Responder Laboratory Requisition



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

Lab Use Only

Facility _____ Phone # _____

Address _____ Physician _____

City _____

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

Date of Birth ___/___/___ Sex ___ Race _____

Specimen Data:

Specimen Source:

Collection Date ___/___/___

Nasal

Specimen Information:

EMS

Law Enforcement

Firefighter