

Long-Term Care Sentinel Surveillance 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 Information:

Facility _____ Phone # _____

Address _____ Physician _____

City, State, Zip Code _____

Patient Information:

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

Date of Birth ____/____/____ Sex _____ Race _____ Ethnicity _____

- Staff
- Resident

Specimen Data:

Specimen Source:

Collection Date ____/____/____ Nasopharyngeal (NP) Oropharyngeal (OP) Nasal