



**South Dakota Public Health Laboratory**  
 615 E. Fourth Street  
 Pierre, SD 57501  
 Phone 605-773-3368 Fax 605-773-8201  
<https://doh.sd.gov/Lab/>

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 ____/____/____	Sex	Race/Ethnicity
City	State	Zip Code	Medicaid/Medicare #

<b>Patient Data</b>	Disease Suspected	Date of Onset
Principal Symptoms	Fever (Over 100 F)	Rash? Yes No
Diagnostic Code	Immunization Date	Screening Yes No

**Specimen Data:** Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Serum \_\_\_\_\_  
 Whole Blood (EDTA) Venous Capillary \_\_\_\_\_  
 Quantiferon TB Gold Plus \_\_\_\_\_  
 Blood Plasma \_\_\_\_\_

**Specimen Source:**

<input type="checkbox"/> Blood	<input type="checkbox"/> NP Aspirate	<input type="checkbox"/> Sputum	<input type="checkbox"/> Urine
<input type="checkbox"/> Bronch Wash	<input type="checkbox"/> NP Swab	<input type="checkbox"/> Stool isolate	<input type="checkbox"/> Vaginal
<input type="checkbox"/> Cervical	<input type="checkbox"/> Pleural	<input type="checkbox"/> Stool preserved	<input type="checkbox"/> Fluid _____
<input type="checkbox"/> Ear	<input type="checkbox"/> Rectal	<input type="checkbox"/> Throat	<input type="checkbox"/> Tissue _____
<input type="checkbox"/> Eye	<input type="checkbox"/> Spinal fluid (CSF)	<input type="checkbox"/> Urethral	<input type="checkbox"/> Wound _____
<input type="checkbox"/> Nail			

**SEROLOGY**

- SBR** *Brucella* Ab
- STU** *Francisella tularensis* Ab
- HPS** Hantavirus IgG/IgM Ab
- HAM** Hepatitis A IgM Ab
- HAV** Hepatitis A IgG Ab
- HAP** Hepatitis Acute Profile
- 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

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- 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
- VTY** Typhus IgG Ab
- WNM** West Nile Virus IgM Ab
- WNG** West Nile Virus IgG Ab
- VNZ** Varicella Zoster IgG Ab

Referral \_\_\_\_\_

**VIROLOGY**

- IAB** *Influenza A/B* 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 Ab
- TPPA** Syphilis Treponemal Ab

**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** \_\_\_\_\_