



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	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"/> Nail <input type="checkbox"/> Rectal <input type="checkbox"/> Urethral <input type="checkbox"/> Bronch Wash <input type="checkbox"/> Nasal <input type="checkbox"/> Spinal fluid CSF <input type="checkbox"/> Urine <input type="checkbox"/> Cervical <input type="checkbox"/> NP Aspirate <input type="checkbox"/> Sputum <input type="checkbox"/> Vaginal <input type="checkbox"/> Ear <input type="checkbox"/> NP Swab <input type="checkbox"/> Stool isolate <input type="checkbox"/> Fluid _____ <input type="checkbox"/> Eye <input type="checkbox"/> OP Swab <input type="checkbox"/> Stool preserve <input type="checkbox"/> Tissue _____ <input type="checkbox"/> Lesion <input type="checkbox"/> Pleural <input type="checkbox"/> Throat/Pharyngeal <input type="checkbox"/> Wound _____
<input type="checkbox"/> Serum <input type="checkbox"/> Whole Blood (EDTA) Venous/Capillary <input type="checkbox"/> Quantiferon TB Gold Plus Blood <input type="checkbox"/> Plasma _____	

- SEROLOGY**
- STU *Francisella tularensis* Ab
 - HPS Hantavirus IgG/IgM Ab
 - HAM Hepatitis A IgM Ab
 - HAV Hepatitis A IgG Ab
 - HAP Hepatitis Acute Panel
 - 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
 - HCVQ Hepatitis C Quantitative
-
- VLG Lyme IgG Ab
 - VLM Lyme IgM Ab
 - MSG 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
 - VNZ Varicella Zoster IgG Ab

- VIROLOGY**
- IAB *Influenza A/B* PCR
 - COV SARS COV2 PCR
 - GIP Gastrointestinal Panel
 - RPP Respiratory Pathogen Panel
 - PCR Measles PCR
 - MPCR Mumps PCR
 - HSV HSV 1&2 PCR
 - VZV VZV PCR
 - 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
 - Traditional Algorithm
 - Reverse Algorithm

- 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
 - BEP Enteric Stool Culture
 - HFLU *Haemophilus influenzae* typing
 - mCIM CRE/CRPA Screen
 - BGR *Neisseria gonorrhoeae* culture
 - NMEN *Neisseria meningitidis* serotyping
 - SAL *Salmonella* serotyping
 - SHIG *Shigella* serotyping
 - STX Shigatoxin EIA
 - BVC *Vibrio* culture/ID
 - BYC *Yersinia* culture/ID
 - BMI Yeast/Fungus ID
- OTHER _____
- Referral _____