South Dakota Public Health Laboratory
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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

07/2026

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? ☐Yes ☐No ☐Unknown	Pregnant? ☐Yes ☐No ☐Unknown
1st COVID Test? ☐Yes ☐No ☐Unknown	Date of Onset? ☐Yes ☐No ☐Unknown	
Employed in Healthcare? ☐Yes ☐No ☐Unknown	Hospitalized? ☐Yes ☐No ☐Unknown	Diagnostic Code
Resident of congregate setting? ☐Yes ☐No ☐Unknown	ICU? ☐Yes ☐No ☐Unknown	Disease Suspected

Specimen Data:

Collection Date: ___/____/_____
- ☐ Serum
- ☐ Whole Blood (EDTA) Venous/Capillary
- ☐ QuantiFERON TB Gold Plus Blood
  - ☐ Incubated ☐ Not Incubated
- ☐ Plasma_____

Specimen Source:

☐ Blood	☐ Nail	☐ Rectal	☐ Urethral
☐ Bronch Wash	☐ Nasal	☐ Spinal fluid CSF	☐ Urine
☐ Cervical	☐ NP Aspirate	☐ Sputum	☐ Vaginal
☐ Ear	☐ NP Swab	☐ Stool isolate	☐ Fluid_____
☐ Eye	☐ OP Swab	☐ Stool preserve	☐ Tissue_____
☐ Lesion	☐ Pleural	☐ Throat/Pharyngeal	☐ Wound_____

SEROLOGY
- ☐ STU *Francisella tularensis* Ab
- ☐ HPS Hantavirus IgG/IgM Ab
- ☐ HAM Hepatitis A IgM Ab
- ☐ HAV Hepatitis A Total 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 Total 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*
- ☐ CAM *Campylobacter* ID
- ☐ BSD *Corynebacterium diphtheriae*
- ☐ BEE *E. coli* 0157 confirmation
- ☐ BEP Enteric Stool Culture
- ☐ HFLU *Haemophilus influenzae* typing
- ☐ mCIM CRE 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

- ☐ OTHER_____
- ☐ Referral _____