SLD CLINICAL TEST REQUEST FORM

Scientific Laboratory Division
1101 Camino de Salud N.E.
Albuquerque, NM 87102

SLD LAB NO. ONLY
ONE FORM PER SPECIMEN

PLEASE PRINT LEGIBLY

SLD Form 101 v4.0 Revised 12/20

USER CODES →→

☐ 51000 (Epidemiology)	☐ 52325 (PHD: Adult Hepatitis)	Please limit to one code per form
☐ 52000 (PHD: General)	☐ 52330 (PHD: TB Program)	
☐ 52110 (PHD: Prenatal)	☐ 51006 (EIP)	
☐ 52120 (PHD: Family Plan)	☐ 70704 (OMI)	
☐ 52340 (PHD: Refugee)	☐ Other: (Enter Number) ☐☐☐☐☐	

SLD USE >>> ONLY

DATE <<<TIME STAMP

SUBMITTER INFORMATION

SUBMITTER CODE ______________________

FACILITY NAME ______________________

ADDRESS ______________________
Street or PO
____
City State Zip Code

PHONE (_____) ______________________

ATTENTION: ______________________

CLINICIAN NAME ______________________
Last First

PHONE # ( )

PATIENT INFORMATION

PATIENT NAME ______________________
Last First

GENDER ☐ MALE ☐ FEMALE ☐ TRANSGENDER

DATE OF BIRTH MM/ DD/ YYYY : _____/_____/_____

ADDRESS ______________________
Street or PO

(_____)______ | ______________________
Phone Number City State Zip Code

PATIENT ID (MRN#) ______________________

SOCIAL SECURITY ______________________

OTHER ID (HIV#) ______________________

RACE: Check all that apply.

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic

SPECIMEN INFORMATION

SPECIMEN SOURCE

☐ Abscess	☐ Bronchial Biopsy	☐ Hair	☐ Nasal wash	☐ Sputum, nebulized
☐ Ascites fluid	☐ Bronchial Wash	☐ Fluid (site):__________	☐ Pericardial fluid	☐ Throat swab
☐ Blood, femoral	☐ Bronchoalveolar lavage	☐ Liver	☐ Peritoneal fluid	☐ Throat wash
☐ Blood, heart	☐ Cervix	☐ Lymph node	☐ Pleural fluid	☐ Tissue (site): __________
☐ Blood, plasma	☐ CSF	☐ Lung, left	☐ Pleural Biopsy	☐ Tracheal aspirate
☐ Blood, serum	☐ Ear	☐ Lung, right	☐ Rectum	☐ Urine
☐ Blood, whole	☐ Endocervix	☐ Nail (site)__________	☐ Rectum/Vagina	☐ Urethra
☐ Bone	☐ Eye	☐ Nasopharyngeal swab	☐ Skin (site)__________	☐ Vagina
☐ Bone marrow	☐ Feces/Stool	☐ Nasopharyngeal wash	☐ Spleen	☐ Wound (site):__________
☐ Brain	☐ Genital	☐ Nasal swab	☐ Sputum, natural	☐ Other: __________

SPECIMEN COLLECTION

Date/Time Collected ____/____/____ ______________
MM/ DD/ YYYY Military Time

SPECIMEN TYPE

☐ Clinical

☐ Reference

CLINICAL SYMPTOMS

☐ Asymptomatic

☐ Symptomatic: Date of onset: MM / DD / YYYY _____/_____/_____

ANALYSIS REQUESTED

For Details: http://nmhealth.org/publication/view/general/1496/

GENERAL MICROBIOLOGY

BACTERIOLOGY

☐ B. anthracis
☐ B. cereus/S. aureus
☐ Culture, OMI
☐ Culture, OMI anaerobic
☐ Campylobacter species:______
☐ E. coli 0157:H7
☐ EIP Group A Streptococcus
☐ EIP Group B Streptococcus
☐ EIP S. pneumoniae isolate
☐ GC culture
☐ Haemophilus influenzae typing
☐ Listeria monocytogenes
☐ Legionella culture

☐ N. meningitidis typing
☐ Plague FA and culture
☐ Salmonella, serotype:__________
☐ Shigella, serotype:__________
☐ Shiga Toxin test/isolation
☐ Tularemia culture
☐ Vibrio
☐ Yersinia enterocolitica:__________
☐ Other:________________

ID of Bacteria (specify)

☐ Anaerobe ____________
☐ Gram negative __________
☐ Gram positive __________

Antimicrobial Resistance
(Please attach Susceptibility Report)
☐ CRE Panel (Indicate below)
____CRE:________________
____CRPa (P. aeruginosa)
____Other:________________

AFB/TUBERCULOSIS/MYCOLOGY

☐ Aerobic actinomycetes
☐ AFB Culture
☐ AFB Reference Isolate
Suspected ID:______________

☐ Fungal/Yeast Culture
☐ Fungal/Yeast Reference Isolate
Suspected ID:______________

MOLECULAR

☐ Pertussis (Bordetella sp.) PCR
☐ Other:________________
(ERD only)

SEROLOGY

☐ Arbovirus ID
☐ CDC referral (attach form 50.34)
☐ HIV Ag/Ab Combo with Reflex
☐ Hepatitis A Diagnosis (IgM Only)
☐ Hepatitis A Immune Status
☐ Hepatitis B Pre-Vaccination
☐ Hepatitis B Prenatal Screen
☐ Hepatitis B Post-Vaccination
☐ Hepatitis B High Risk
☐ Hepatitis B High Risk and HCV
☐ Hepatitis C Antibody (Anti-HCV)

☐ Hepatitis A,B and C Diagnostic Panel (Acute)
☐ Mumps Immune Status
☐ Plague/Tularemia antibody
☐ Rubella immune status
☐ Rubella diagnosis (call first)
☐ Rubeola immune status
☐ Rubeola diagnosis (call first)
☐ SNV Hantavirus
☐ Syphilis RPR with Reflex to TPPA
☐ Syphilis RPR and TPPA
☐ TB Quantiferon
☐ VZV immune status

☐ Other (Specify):________________

VIROLOGY

☐ 2019 Novel Coronavirus RT-PCR

☐ **Virus Isolation**
Agent(s) suspected:
___ Influenza
___ HSV
___ Other (Specify):____________

☐ Influenza RT-PCR
(Per Epidemiology Guidance)

Rapid Test: Pos____Neg____
Not Performed______

☐ Dengue/Chikungunya PCR
☐ Ebola PCR
☒ Other: Monkeypox PCR
(ERD only)

Phone #'s: General Microbiology (505)383-9126/27/28; Molecular Biology (505)383-9130/60; Virology/Serology(505)383-9125/24/33; Specimen Receiving (505)383-9068/66 Bureau Chief (505)383-9122; SLD Main (505)383-9000; Fax(505)383-9121