

Submitter Facility Name/Address

CLINICAL TEST REQUISITION
STATE OF CONNECTICUT
Dr. Katherine A. Kelley State Public Health Laboratory
395 West Street, Rocky Hill, CT 06067
CLIA ID 07D0644555 / CT License CL-0197
Phone 860-920-6500
CLIENT SERVICES 860-920-6635



ACCESSION LABEL
FOR CTDPH
LABORATORY USE ONLY

LAB PROFILE Number:

DENOTES REQUIRED INFORMATION

Section 1: Patient Information (Please Print Clearly)

Name (Last, First, M.I.) or Identifier:
Street Address: City, State, Zip:
Date of Birth: Gender: Female Male Unknown Home Phone:
Race (check all that apply): (Race/Ethnicity Information is Required for Blood Lead)
Ethnicity: Hispanic Non-Hispanic Unknown
Ordering Healthcare Provider: Phone:

Section 2: Specimen Information

Specimen Storage (Prior to Delivery): Refrigerated (2-8°C) Frozen (<-20°C) Ambient Temperature
Specimen Transport/Delivery: Cold (Ice pack) Frozen (Dry Ice) Ambient Temperature
Submitter Sample ID: Date Collected: Time Collected: AM PM
Specimen Source/Type: Blood (whole) Bronchial Wash Buccal cavity Cervix CSF Nasopharynx Oropharynx Plasma
Rectal Serum Sputum Stool Urethra Urine Vaginal
Body Fluid, specify: Tissue, specify:

Section 3: Select Testing Requested

Bacteriology: AFB Clinical Specimen, AFB Referred Culture, Bioterrorism Agent Identification, Bordetella pertussis, Chlamydia/ Gonorrhea Nucleic Acid Amplification Test, CRE panel, EIP Isolates for Identification, Enteric Isolate for Identification, Shiga-toxin (+) Broth Culture
Bacterial Serology: QuantiFeron-TB Test, Syphilis Screen (VDRL), Syphilis Confirmation (VDRL & TP-PA), Syphilis CSF (VDRL Only)
Blood Lead (Uninsured Patients ONLY) Race/Ethnicity Required
Mycology: Candida auris identification
Parasitology: Blood Parasite - Smear
Virology: Arbovirus IgG/IgM (Encephalitis Viruses), Hepatitis B Surface Antibody, Hepatitis B Surface Antigen, Hepatitis C Testing, Herpes Simplex IgG Antibody, Herpes Simplex DNA amplification, HIV-1/HIV-2 Ag/Ab, HIV Viral Load, Influenza PCR, Measles PCR, MERS CoV (Novel Coronavirus) (Epidemiology Approval Required), Mumps PCR, Norovirus PCR (Epidemiology Approval Required), Respiratory Virus Antigen Panel: Adenovirus, Human Metapneumovirus, Parainfluenza, Rhinovirus/Enterovirus, RSV, Varicella Zoster IgG Antibody, West Nile Virus IgM Antibody, Virus Identification (Tissue Culture)
NOTE: Zika virus testing requires submission of the Zika Virus Clinical Test Requisition
Test, Agent or Disease, Not Listed (Specify)
Comments