HOUSTON HEALTH DEPARTMENT

Bureau of Laboratory Services
2250 Holcombe Blvd., Houston, TX 77030
Central Processing: 832-393-3927
Health Center Support: 832-393-3921
Laboratory Support: 832-393-3929
Med. Microbiology/TB: 832-393-3955/3903
Virology/Serology: 832-393-3913/3914
Molecular Diagnostics: 832-393-3958/3959
Fax: 832-393-3983

LABORATORY TEST REQUEST FORM

SUBMITTER INFORMATION (*Required*)*		**PATIENT INFORMATION** (*Required*)*		
Submitter Name*	Account #*	Last Name*		
Submitter Address (Street/City/State/Zip)*		First Name*		MI
Physician Name*	Physician Phone #*	Medical Record #*		
Physician Address (Street/City/State/Zip)*		DOB (mm/dd/yyyy)*	Race*	Sex*
Phone # or Fax # (circle one) for Results*		Patient Address (Street/City/State/Zip)		
SPECIMEN INFORMATION *(Required)**				
Date of Collection*	Time of Collection*			
Specimen Source or Type*				

Medical Microbiology

HHD PROGRAM (if applicable): ☐ **FAMILY PLANNING** ☐ **STD** ☐ **TB** ☐ **MOBILE UNIT** ☐ **DIS** ☐ **OTHER**_____

Bacteriology Test Menu

0202 ☐ **ID Ref. Culture, *Neisseria meningitidis***
0203 ☐ **ID Ref. Culture, *E. Coli* (Shiga toxin)**
0204 ☐ **ID Ref. Culture, Vibrio spp.**
0205 ☐ **ID Ref. Culture, *H. influenzae***
0207 ☐ **ID Ref. Culture, *L. monocytogenes***
0208 ☐ **ID Ref. Culture, Campylobacter spp.**
2205 ☐ **ID Ref. Culture, Salmonella serotyping**
2210 ☐ **ID Ref. Culture, Shigella serotyping**
0201 ☐ **Stool Culture, *E. coli* (Shiga toxin)**
2005/213 ☐ **Stool Culture (All Enteric Pathogens)**
2110 ☐ **Culture, Legionella pneumophila**
2115 ☐ **Smear, Legionella pneumophila DFA**
2120 ☐ **Culture, Bordetella pertussis**
2125 ☐ **Smear, Bordetella pertussis DFA**
2621/214 ☐ **Stool Culture, Salmonella**
2622/215 ☐ **Stool Culture, Shigella**
Other _____

Mycobacteriology Test Menu

2405 ☐ **AFB Culture, Primary**
2406 ☐ **AFB Smear, Fluorochrome**
2414 ☐ **AFB Identification by MALDI-TOF**
2446/2447 ☐ **MTB Susceptibility, Broth, Primary**
2451 ☐ **M. kansasii Susceptibility, Agar, Rifampin**
2452 ☐ **MTB Susceptibility, Broth, PZA only**
2454 ☐ **MTB Susceptibility, Agar, Second Line**

Interferon- γ Release Assay (IGRA)

2412/2411 ☐ **QuantiFERON TB Gold (QFT)**
2424/2425 ☐ **QuantiFERON TB Gold (QFT) (UH only)**

Specimen Incubated ☐ **YES** ☐ **NO**
Start Time: _____ **Temp:**_____ **Date:** _____
By: _____
End Time: _____ **Temp:**_____ **Date:** _____
By: _____
☐ **Other** _____

Health Center Support Test Menu

2340/2341 ☐ **APTIMA GC/CT (Cervical)**
2342/2343 ☐ **APTIMA GC/CT (Urine)**
2344/2345 ☐ **APTIMA GC/CT (Urethral)**
2346/2347 ☐ **APTIMA GC/CT (Vaginal)**
2350/2351 ☐ **APTIMA GC/CT (Oral)**
2352/2353 ☐ **APTIMA GC/CT (Rectal)**
2465 ☐ **Fecal Occult Blood**
2466 ☐ **APTIMA Trichomonas (Urine)**
☐ **Other** _____

Molecular Diagnostics/LRN Test Menu

2901/272 ☐ **ID Ref. Culture/PCR, Bacillus anthracis**
2902/271 ☐ **ID Ref. Culture/PCR B. mallei/pseudomallei**
2903/276 ☐ **ID Ref. Culture/PCR, F. tularensis**
2905/280 ☐ **ID Ref. Culture/PCR, Y. pestis**
2906/273 ☐ **ID Ref. Culture/PCR, Brucella spp.**

CRE/CRPA Antibiotic Resistance Testing

(only accepting *E.coli*, *K. oxytoca*, *K. pneumoniae*, *Enterobacter spp., and P. aeruginosa)*

0217 ☐ **ID Ref. Culture, Carbapenem Resistant**
Enterobacteriaceae (CRE) Confirmation ID: _____
0218 ☐ **ID Ref. Culture, Carbapenem Resistant**
Pseudomonas aeruginosa (CRPA) Confirmation

Please indicate drug resistance for test 0217: Circle specific antibiotic
MIC ≥4 ug/mL for doripenem, imipenem or meropenem
MIC ≥ 2 ug/mL for ertapenem

Please indicate drug resistance for test 0218: Circle specific antibiotic
MIC ≥8 ug/ml for doripenem, imipenem, or meropenem

For Laboratory Use Only

Specimen Received:
☐ **Room Temp** ☐ **Cold** ☐ **Frozen**