

# Health and Environmental Testing Laboratory

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Maine Department of Health and Human Services

## Maine CDC

Maine Center for Disease Control and Prevention

<b>Submitter Name./Address</b>  <b>Submitter Phone#</b>  Please Place Label/Stamp Here	<b>Hospital/Lab ID#</b>	<b>Hospital/Lab Fax Number</b>
	<b>Physician Name</b>	<b>Physician Practice/Affiliation</b>
	<b>Physician Phone</b>	<b>Physician API#</b>

<b>Patient Name</b>			<b>Gender</b>	<b>Specimen /Source</b>	
<b>Last</b>	<b>First</b>	<b>M.I.</b>	<b>M</b> <b>F</b>		
Please Use Label if available			<b>Date of Birth</b>	<b>Collection Date</b>	<b>Symptom Onset Date</b>
			/ /	/ /	/ / [ ] Convalescent serum?

Below required for Blood Lead, Reportable Diseases, or MaineCare Primary Insurance

<b>Patient Street Address</b>	<b>Apt. #</b>	<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>
<b>Race</b>	<b>Ethnicity</b>	<b>MaineCare #</b> (if primary) (Please include copy of MaineCare card)	<b>Parent/Guardian Name:</b>	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		Blood Lead	
			<b>Parent/Guardian Phone Number:</b>	
			Blood Lead	
			[ ] <b>Code 1</b> Blood Lead (if applicable)	

Please see reverse of this form for information on specimen type, storage and shipping conditions.  
Specimens MUST be labeled with patient name and Date of Birth.

### BACTERIOLOGY

- Chlamydia/Gonorrhea (amplified probe)
- Bordetella pertussis* PCR & culture
- Bordetella pertussis* PCR only
- Campylobacter* Identification
- E. coli* Identification/serotyping
- Enteric pathogen screen  
(*Salmonella*, *Shigella*, *Campylobacter*)
- Neisseria gonorrhoeae* confirmation
- Neisseria meningitides* grouping
- Salmonella* Identification/serotyping
- Shiga Toxin Test
- Shigella* Identification/serotyping
- Vibrio* Identification
- Yersinia* Identification
- Reference Culture, Identification  
Organism Suspected:  
Please attach previous test results

### BLOOD LEAD

- Blood Lead, Venous
- Blood Lead, Capillary
- Check if Symptomatic or Repeat Test

### SEROLOGY

- Arbovirus IgM Panel (West Nile, EEE, SLE)  
(requires MECDC surveillance form)
- Anti-Hepatitis B surface antigen; IgG
- Hepatitis C IgG
- HIV-1/HIV-2 screen (serum)
- HIV-1/HIV-2 screen (oral fluid)
- Mumps IgG
- Rubella IgG
- Rubeola IgG
- RPR syphilis screen
- Syphilis serum confirmation
- Syphilis spinal fluid VDRL
- Varicella zoster IgG

### MYCOBACTERIOLOGY

- Acid fast smear/culture
- Acid fast smear
- MTD Amplified Probe (smear Positive only)
- Reference Culture, Identification

### MYCOLOGY

- Mycology, Clinical Specimens
- Reference Culture, Identification

### PCR/VIRAL CULTURE

- Influenza A/B RT-PCR
- Measles (Rubeola) RT-PCR
- Mumps RT-PCR
- Norovirus RT-PCR
- Varicella/Herpes zoster PCR
- Herpes Simplex (HSV 1/2) PCR
- Reflex to Viral Culture if PCR Test Selected is Negative
- Viral Culture, Routine (10 days)

Additional Information:

Maine CDC Outbreak  
Investigation ID# :  
Investigator :