

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

This form and others available for download or printing on our website - www.mainepublichealth.gov/lab

Specimens MUST be labeled with patient name, DOB, and date of collection

<u>Submitter Name/Address</u>		<u>Hospital/Lab ID#</u>	<u>Physician Fax</u>
<u>Submitter Phone</u>		<u>Physician Name (First/Last)</u>	<u>Physician Practice/Affiliation</u>
<u>Submitter Fax#</u>		<u>Physician Address and Phone</u>	<u>Physician NPI#</u>
<u>Patient Information</u>		<u>Gender</u> <input type="checkbox"/> M <input type="checkbox"/> F	<u>Specimen source:</u> <input type="checkbox"/> Bronch wash <input type="checkbox"/> Buccal <input type="checkbox"/> CSF <input type="checkbox"/> Nasal <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Stool <input type="checkbox"/> Cervical <input type="checkbox"/> Endocervical <input type="checkbox"/> Labial <input type="checkbox"/> Penile <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Whole blood <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Other (Please Specify Below):
Last	First	M.I.	
<u>Date of Birth</u>		<u>Symptom Onset Date</u>	
<u>Is patient hospitalized?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Date of Collection</u>	<u>Other Source</u>

Information below required for Blood Lead, Reportable Diseases or MaineCare Primary Insurance

<u>Patient Street Address</u>	<u>Apt#</u>	<u>City/Town</u>	<u>State</u>	<u>Zip Code</u>
<u>Race</u> <input type="checkbox"/> White <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"/> Some other race <input type="checkbox"/> Two or more races	<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<u>MaineCare# (if primary)</u> Please include copy of MaineCare Card	Blood Lead <u>Parent/Guardian Name</u>	Blood Lead <u>Parent/Guardian Phone:</u>
Blood Lead - ONLY <input type="checkbox"/> Check only if patient has No Private Insurance Coverage AND No MaineCare Coverage				

BACTERIOLOGY

- Chlamydia/Gonorrhea screen (Amplified Probe)
- Bordetella pertussis (culture & spp. PCR)
- Bordetella species - PCR only
- Campylobacter Identification
- Clostridium difficile PCR
- Cryptosporidium PCR
- E. coli Identification/serotyping
- Enteric Pathogen Screen (Salmonella, Shigella, Campylobacter)
- Neisseria gonorrhea confirmation
- Neisseria meningitidis grouping
- Neisseria meningitidis PCR – CSF only
- Salmonella Identification/serotyping
- Shiga Toxin Test
- Shigella Identification/serotyping
- Vibrio Identification
- Yersinia Identification

Reference Culture Identification;
(Conventional ID / 16S DNA sequencing)

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, SLE, EEE - **Requires Arb Submission Form**)
- Anti-Hepatitis B IgG Antibody screen
- Hepatitis C IgG Antibody screen
- HIV-1/HIV-2 Antibody screen
- HIV-1 Western blot - serum
- Mumps IgG Antibody screen
- Mumps IgM Antibody screen
- Rubella IgG Antibody screen
- Rubella IgM Antibody screen
- RPR Syphilis screen
- Syphilis serum confirmation
- Syphilis VDRL, Spinal Fluid Only
- Varicella zoster IgG Antibody screen

MYCOLOGY

- Mycology, Clinical Specimens
- Reference Culture Identification

MYCOBACTERIOLOGY

- Acid fast smear and culture
- Acid fast smear only
- MTD Amplified Probe (Smear Pos. Only)
- Mycobacteriology ID by DNA sequencing
- Quantiferon®-TB Gold (IGRA)
- M. tuberculosis complex PCR
- Reference Culture Identification
(Conventional ID / 16S DNA sequencing)

VIROLOGY

- Enterovirus RT-PCR, CSF Only
- Herpes simplex (HSV1/2) PCR
- Influenza A/B RT-PCR (includes pandemic H1N1)
- Measles (Rubeola) RT-PCR
- Mumps RT-PCR
- Norovirus RT-PCR
- Rash Panel PCR (HSV1, HSV2, VZV)**
- Varicella/Herpes zoster RT-PCR (chicken pox/shingles)
- Reflex to Viral Culture if PCR Test Selected is Negative
- Viral Culture, Routine, (10 days)

CSF Panel: Enterovirus, HSV1/2, VZV and N. meningitidis PCR with reflex to Arbovirus IgM Panel if PCR tests are negative. **(Reflex to Arbovirus Panel requires completed Arbovirus Submission Form)**

Additional Information:

Maine CDC Outbreak Investigation ID#:
Investigator: