

LABORATORY TEST REQUEST FORM

SUBMITTER INFORMATION (Required)*		PATIENT INFORMATION (Required)*		
Submitter Name*		Account #*	Last Name*	
Submitter Street Address*		First Name*		MI
Submitter City/State/Zip*		Medical Record #*		
Physician Name	Physician Phone #	DOB (mm/dd/yyyy) *	Race*	Sex*
<input type="checkbox"/> Phone # or <input type="checkbox"/> Fax # (check one) for Results:		Patient Address (Street#/City/State/Zip Code) *	Travel History	
SPECIMEN INFORMATION (Required)*				
Date of Collection*	Time of Collection*			
Specimen Source or Type*				
Date of Symptom Onset*				

VIROLOGY/SEROLOGY

HHD PROGRAM (if applicable): <input type="checkbox"/> FAMILY PLANNING <input type="checkbox"/> STD <input type="checkbox"/> TB <input type="checkbox"/> MOBILE UNIT <input type="checkbox"/> DIS <input type="checkbox"/> OTHER		
Serology Test Menu 6000 <input type="checkbox"/> RPR 6008 <input type="checkbox"/> TPPA 6410 <input type="checkbox"/> HBsAG 6430 <input type="checkbox"/> Anti-HBs 6440 <input type="checkbox"/> Anti-HBc 6450 <input type="checkbox"/> Anti-HBc IgM 6412 <input type="checkbox"/> HCV RNA NAAT 6415 <input type="checkbox"/> Hepatitis C EIA 6434 <input type="checkbox"/> Hepatitis C Virus Genotyping 6023 <input type="checkbox"/> HIV-1 RNA NAAT (Qualitative) 6028 <input type="checkbox"/> BioPlex HIV Ag-Ab EIA 6027 <input type="checkbox"/> HIV Geenius Supplemental Assay 6510 <input type="checkbox"/> HIV-1 Western Blot 6020 <input type="checkbox"/> Rubella IgG EIA 6040 <input type="checkbox"/> Mumps IgG EIA 6050 <input type="checkbox"/> Varicella-Zoster IgG EIA 6060 <input type="checkbox"/> Rubeola (Measles) IgG EIA	Virology Test Menu 6034 <input type="checkbox"/> Respiratory Virus Panel (Molecular) 6108 <input type="checkbox"/> Influenza A/B RT-PCR 6136 <input type="checkbox"/> Arbovirus MIA (Serum) 6139 <input type="checkbox"/> Arbovirus MIA (CSF) 6190 <input type="checkbox"/> Herpes Culture Source: _____ 6210 <input type="checkbox"/> Cytomegalovirus Culture 6320 <input type="checkbox"/> Chlamydia Culture Source: _____ 6331 <input type="checkbox"/> Viral Screen 6340 <input type="checkbox"/> Enterovirus Typing <input type="checkbox"/> Other _____ Rabies Testing** 6572 <input type="checkbox"/> Rabies DFA <i>** Form HHD-R must be filled out completely and properly for Rabies Testing:</i> http://www.houstontx.gov/health/Lab/Rabies%20Fillable%20Form.pdf <i>For Laboratory Use Only</i> Specimen Received: <input type="checkbox"/> Room Temp <input type="checkbox"/> Cold <input type="checkbox"/> Frozen	Surveillance Testing 250 <input type="checkbox"/> RPR 251 <input type="checkbox"/> TP-PA 252 <input type="checkbox"/> HIV Combo Ag/Ab EIA 253 <input type="checkbox"/> Hepatitis C EIA 255 <input type="checkbox"/> Hepatitis B Screen 258 <input type="checkbox"/> Arbovirus 259 <input type="checkbox"/> Varicella-Zoster EIA 260 <input type="checkbox"/> Rubella EIA 261 <input type="checkbox"/> Rubeola (Measles) EIA 262 <input type="checkbox"/> Mumps EIA 263 <input type="checkbox"/> Viral Screen 264 <input type="checkbox"/> Enterovirus Typing 265 <input type="checkbox"/> Influenza A/B RT-PCR 285 <input type="checkbox"/> Rabies** <input type="checkbox"/> Other _____ Molecular Diagnostics (Surveillance) 286 <input type="checkbox"/> MERS-CoV RT-PCR 2821 <input type="checkbox"/> Norovirus RT-PCR <input type="checkbox"/> Other _____