New York City Department of Health and Mental Hygiene
PUBLIC HEALTH LABORATORY
Jennifer Rakeman, Ph.D., Assistant Commissioner
455 First Avenue, New York, NY 10016
NYS CLEP PERMIT #: PFI 3849 CLIA #: 33D0679872

LABORATORY TEST REQUEST
Microbiology Section: Tel 212-447-6783 Fax 212-447-8258
Virology Section: Tel 212-447-2864 Fax 212-447-2877

PHL USE ONLY

- **Failure to complete all required (*) fields may result in specimen being rejected**
- **Spelling of patient name and DOB on form must exactly match that on specimen container**
- **Complete a separate requisition form for each specimen**

PATIENT INFORMATION

***Required Information**

LAST NAME*	**FIRST NAME***	MIDDLE INITIAL	SUFFIX
DATE OF BIRTH* (MM/DD/YYYY)	**GENDER*** ☐ Male ☐ Female ☐ Data Not Available ☐ Not Applicable		
PATIENT ID NUMBER	PATIENT MEDICAL RECORD NUMBER*		
ADDRESS*	CITY*	STATE*	ZIP*
TELEPHONE	PHYSICIAN (If not submitter include contact info)		

SUBMITTER INFORMATION

NAME OF SUBMITTING HOSPITAL, LABORATORY, or OTHER FACILITY*		PROVIDER ID NUMBER	
PRIMARY CONTACT, or PHYSICIAN	LAST NAME*	FIRST NAME*	
ADDRESS (including bldg, and room)*	CITY*	STATE*	ZIP*
TELEPHONE*	PAGER/CELL*	FAX	

SPECIMEN INFORMATION

DATE OF COLLECTION* (MM/DD/YYYY)		TIME OF COLLECTION (00:00): ☐ AM ☐ PM
REASON FOR SUBMISSION* ☐ OUTBREAK ☐ DOHMH REQUEST (if checked, complete A and B below)		
A. DOHMH BUREAU BOI		DOHMH INVESTIGATION CODE:
B. DOHMH CONTACT	LAST NAME Iwamoto	FIRST NAME Martha

MEASLES

	SEROLOGY	VIRUS IDENTIFICATION
TEST	☐ Measles IgG ☐ Measles IgM	☐ Measles by PCR
SPECIMEN	☐ Blood Tube	☐ Swab-Viral Transport Media ☐ Swab-Universal Transport Media
SOURCE	☐ Blood ☐ Serum	☐ Nasopharynx ☐ Throat

MUMPS

	SEROLOGY	VIRUS IDENTIFICATION
TEST	☐ Mumps IgG ☐ Mumps IgM	☐ Mumps by PCR
SPECIMEN	☐ Blood Tube	☐ Swab-Viral Transport Media ☐ Swab-Universal Transport Media
SOURCE	☐ Blood ☐ Serum	☐ Buccal ☐ Oropharynx

For DOH Use: ☐ SEND OUT TEST

****Separate forms must be completed for blood and swab specimen****
****Test, specimen and source section must be completed for the specimen submitted****

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