



New York City Department of Health and Mental Hygiene  
**PUBLIC HEALTH LABORATORY**  
 NYC DOHMH 455 First Avenue New York, NY  
 Microbiology Section: Tel 212.447-6783 Fax 212.447-8258  
 Virology Section: Tel 212.447-2864 Fax 212.447-2877  
 Jennifer Rakeman, Ph.D., Assistant Commissioner  
 NYS CLEP PERMIT # : PFI 3849 CLIA #: 33D0679872  
**LABORATORY TEST REQUEST**

PHL USE ONLY

**\*Required Information**

PATIENT INFORMATION						
LAST NAME*		FIRST NAME*		MIDDLE INITIAL	SUFFIX	
DATE OF BIRTH* (MM/DD/YYYY)		SEX *			Data Not Available	
RACE: American Indian/Alaskan Native White Native Hawaiian/Other Pacific Islander		Asian Black/African American Other		ETHNICITY: Hispanic Non-Hispanic Unknown		
AREA OF BIRTH: Africa Europe Middle East		Caribbean North America South America		Country of Birth:		
PATIENT ID NUMBER		PATIENT MEDICAL RECORD NUMBER*		PATIENT PREGNANT? Yes No Unknown		
ADDRESS*		CITY*		STATE*	ZIP*	
TELEPHONE		PHYSICIAN (if not submitter include contact info)				
SUBMITTER INFORMATION						
NAME OF SUBMITTING HOSPITAL, LABORATORY, or OTHER FACILITY*				PROVIDER ID #		
PRIMARY CONTACT or PHYSICIAN		LAST NAME*		FIRST NAME*		
ADDRESS (including bldg. and room)*			CITY*	STATE*	ZIP*	
TELEPHONE*		PAGER/CELL*	FAX*	EMAIL*		
SPECIMEN INFORMATION						
DATE OF COLLECTION* (MM/DD/YYYY):			TIME OF COLLECTION (00:00):		AM PM	
Reason for submission* DIAGNOSTIC CONFIRMATORY OUTBREAK FOLLOW UP SURVEILLANCE DOHMH REQUEST (if checked, complete A & B below)						
A. DOHMH bureau		BCD	BOI	BSTI	BTBC	DOHMH INVESTIGATION CODE:
B. DOHMH contact		Last Name			First Name	
Specimen type * Blood Culture Bottles Swab Blood tube Swab-VTM Isolate Para-Pak Swab-UTM UPT Primary Specimen Other (specify) Slide Sterile Container						
Specimen source Abscess Nasopharynx Throat Anorectal Oropharynx Tissue/lesion Blood Plasma Urethral Sputum Respiratory Urine Bronchial wash Wound Cervix Serum Other (specify) CSF Sputum Genital Sputum, induced						
Additional comments/ Clinical syndrome				Date of symptom onset: (MM/DD/YYYY)		
MICROBIOLOGY			VIROLOGY (DOHMH Authorized Only)			
<b>MYCOBACTERIOLOGY</b>		ENTERIC BACTERIOLOGY	GENERAL BACTERIOLOGY	SEROLOGY	VIRUS Identification	
Known TB infection? Yes (current) Yes (former) No		r/o STX <i>E. coli</i>	GC culture (BSTI only)	HIV Serology	Respiratory Panel	
Primary culture		Confirm <i>Salmonella typhi</i> /paratyphi	Gen bacteriology isolate ID	Measles IgG	Gastrointestinal Panel	
Specimen Processed? Yes No		<i>Shigella</i> serotyping & AST	Antimicrobial susceptibility test (specify antibiotics):	Measles IgM	Influenza RT-PCR	
Primary culture + NAAT (PHL Approval Only)		<i>Vibrio</i> spp. ID		Mumps IgG	Measles RT-PCR	
Referral culture ID (NTM isolates)		<i>Yersinia</i> spp. ID	MRSA/VISA confirmation	Mumps IgM	Mumps RT-PCR	
Referral culture ID & AST (TB isolates)		Enteric isolate ID - other	<i>H. influenza</i> serotyping	Rubella IgG	MERS-CoV RT-PCR	
<b>BIOTHREAT AGENTS</b>		Stool culture (BCD/OEI only)	<i>L. monocytogenes</i> serotyping	Rubella IgM	Ebola RT-PCR	
<i>B. anthracis</i> ID		STD MOLECULAR	<i>N. meningitidis</i> serotyping	Varicella-Zoster IgG	Norovirus RT-PCR	
<i>Brucella</i> spp. ID			<i>B. pertussis</i> culture	Varicella-Zoster IgM	Virus Culture If isolate submitted, specify cell line:	
<i>Burkholderia mallei</i> ID		CT/NG by NAAT	<i>Legionella</i> culture	Zika IgM		Hepatitis A IgM
<i>Burkholderia pseudomallei</i> ID		MOLECULAR TYPING	<i>Legionella</i> serotyping	Hepatitis A Total		
<i>F. tularensis</i> ID			PFGE (submit pure culture; specify genus & species):	AR Testing (isolate)		
r/o Smallpox						
<i>Y. pestis</i> ID						
<i>C. botulinum</i> toxin ID						
Other:			Send out:			