Clinician to complete all highlighted areas

Ohio Department of Health

Ohio Department of Health Laboratory
8995 East Main Street
Building 22
Reynoldsburg, OH 43068

CLIA Certification # 36D0655844
Phone: 888-634-5227
Fax: 614-387-1505
Email: odhlabs@odh.ohio.gov

Microbiology Specimen Submission Form

Note: Fields marked with an asterisk (*) must be completed. Please print.

Section 1: Patient Information

Patient Name* (Last, First, MI)			Date of Birth* (mm/dd/year)
Address		County	Sex* ☐ Female ☐ Male
City	State	Zip	Chart or* Patient ID#

Section 2: Submitter Information

Agency* Name			Contact* Name
Address			Fax* Number
City	State	Zip	Phone* Number

Section 3: Specimen Information (Complete all that apply)

Collection* Date	Onset* Date	ODH Outbreak#
Specimen* Type ☐ Clinical ☐ Isolate	Submitter* Specimen ID#	Agent* Suspected

***Specimen Site (Check all that apply)**

☐ Abscess-Specify (☐ Aspirate ☐ Swab)	☒ Respiratory, Upper-Specify ☒ NP swab ☐ OP swab)	☐ Tissue-Specify:_____
☐ Blood-Specify (☐ Plasma ☐ Whole)	☐ Respiratory, Lower-Specify Below:	☐ Urine
☐ Body Fluid-Specify Below: ☐ CSF ☐ Other:_____	☐ Sputum (☐ Induced ☐ Expectorated) ☐ BAL ☐ TA For mycobacteria only: ☐ Processed ☐ Unprocessed	☐ Wound-Specify:_____
☒ Serum-Specify (☒ Acute ☐ Conv.)	☐ Stool-Specify Below: ☐ Cary Blair ☐ Enteric Broth ☐ 10% Formalin ☐ Bulk	☐ Other:

Section 4: Exam Requested (Check all that apply) **ODH approval required prior to submission; Contact 614-995-5599

Microbiology

☐ Biothreat Agent-Specify Below:	☐ *Clostridium botulinum***	☐ *Neisseria meningitidis*	☐ *Shigella*
	☐ Enteric Pathogen Panel**	☐ Norovirus**	☐ *Vibrio*
☐ Bacterial Strain Typing**	☐ *Escherichia coli* (STEC)	☐ *Salmonella*	☐ *Yersinia*
☐ *Campylobacter*	☐ *Listeria monocytogenes*	☐ Other:	

Mycobacteriology

☐ Mycobacterial Smear and Culture	☐ *M. tuberculosis* Nucleic Acid Amplification (NAA)	☐ *M. tuberculosis* , Genotyping only
☐ Mycobacterial Identification	☐ *M. tuberculosis* Susceptibility Testing (SM, INH, RIF, EMB, PZA)	☐ Other:

Parasitology			Virology	
☐ *Cryptosporidium*	☐ *Giardia*	☐ Other:	**Date Received** ☐ Respiratory Virus	**Date Reported** ☐ Other:

Comments:
Measles Detection PCR, Genotyping & Serology (IgG, IgM)

Fee Due MI

Exemption

ODH LAB ID