



Tennessee Department of Health
Division of Laboratory Services
Clinical Submission Requisition

**Place State Lab Accession
Label Here**
(TDH use only)

***Indicates Required Fields**

SPECIMEN COLLECTION INFORMATION

*Last Name:		*First Name:		MI:
*DOB:		*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		
Address:				
City:	*County of Residence:		State:	Zip Code:
*Date of Collection:		*Specimen Type:		*Specimen Source:

SUBMITTER INFORMATION

*Submitting Facility:		Medical Record Number:		
Address:		Phone Number:		
City:	State:		Zip Code:	
Ordering Provider:		Phone Number:		

TEST REQUESTED

Culture	Parasitology	Serology
<input type="checkbox"/> Actinomycete (Aerobic)	<input type="checkbox"/> Blood Parasite	<input type="checkbox"/> Arbovirus Panel
<input type="checkbox"/> Aerobe	<input type="checkbox"/> Ova & Parasite	<input type="checkbox"/> HCV Screen
<input type="checkbox"/> Anaerobe	<input type="checkbox"/> Cryptosporidium	<input type="checkbox"/> HIV Screen
<input type="checkbox"/> Enteric	<input type="checkbox"/> Giardia DFA	<input type="checkbox"/> Measles/Rubella IgM
<input type="checkbox"/> Gonorrhoeae	Molecular	<input type="checkbox"/> Rickettsia Panel
<input type="checkbox"/> Herpes Simplex Virus	<input type="checkbox"/> Bordetella (Pertussis) PCR	<input type="checkbox"/> Syphilis RPR
<input type="checkbox"/> Legionella	<input type="checkbox"/> <i>C.trachomatis/N.gonorrhoeae</i>	<input type="checkbox"/> VDRL
<input type="checkbox"/> Mycobacteria Smear & Culture	(GenProbe)	Miscellaneous
<input type="checkbox"/> Mycobacteria Reference Isolate	<input type="checkbox"/> Norovirus PCR	<input type="checkbox"/> CRE Confirmation
<input type="checkbox"/> Mycology		
<input type="checkbox"/> Viral: Virus Suspected _____	<input type="checkbox"/> Other _____	

ADDITIONAL INFORMATION

Is this an isolate/specimen being submitted in response to the TDH Reportable Diseases and Events Guidelines? No Yes

Is this an isolate/specimen being submitted as part of a surveillance program? No Yes If yes, program name: _____

Please provide the following information with regard to isolates/specimens submitted:
Gram Stain Reaction: _____ Other lab tests performed and results: _____
Automated ID if applicable: _____ Suspected Organism: _____

LABORATORY FACILITIES

Nashville Laboratory: P.O.Box 305130, Nashville, TN 37230 (USPS) <u>OR</u> 630 Hart Lane, Nashville, TN 37216 (FedEx, UPS, courier delivery) Richard Steece, PhD, D(ABMM), Public Health Laboratory Director	Main Line: (615) 262-6300
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