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:_____ |
| | ☐ Stool-Specify Below: ☐ Cary Blair ☐ Enteric Broth ☐ 10% Formalin ☐ Bulk | ☐ Other: |
| ☐ Serum-Specify (☐ Acute ☐ Conv.) | | |

## 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: | ☐ Respiratory Virus | ☐ Other: |

**Comments:**

**For Use by the Ohio Department of Health Laboratory Only**

| | |
|---|---|
| **Date Received** | **Date Reported** |
| **Fee Due MI** | ODH LAB ID |
| **Exemption** | |