

**New Jersey Department of Health
Public Health and Environmental Laboratories
3 Schwarzkopf Drive
Ewing, NJ 08628**

Lab ID No.

**REQUEST FOR BACTERIAL OR VIRAL CULTURE
OR PARASITE IDENTIFICATION**

Leave shaded items blank; shaded boxes are for official use only.

Patient Name (Last, First, MI)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB / /	Patient ID	
Patient Address		City	State	Zip Code	
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		Race <input type="checkbox"/> White (European, No. African, Middle Eastern) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other			
Submitter (Agency, Hospital, Lab, etc.)		Submitter Case Number	CDRSS Case Number		
Submitter Address		City	State	Zip Code	
Contact Person		Telephone Number ()	Fax Number ()		
Physician Name		Telephone Number ()	Fax Number ()		
Physician Address		City	State	Zip Code	
Specimen Information: Source (Blood, Stool, etc.) _____ Collection Date: ___/___/___ Time: ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM				Date / Time Received at PHEL	
Suspected Organism:		Outbreak # (if applicable) E -	NJDOH Test Code		
Test Requested: Serotyping/Serogrouping of: <input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella <input type="checkbox"/> E. coli 0157:H7 <input type="checkbox"/> Shiga Toxin Producing E. coli <input type="checkbox"/> H. influenzae <input type="checkbox"/> N. meningitidis <input type="checkbox"/> Other: _____ Parasitology: <input type="checkbox"/> Blood Smear – Morphologic ID: <input type="checkbox"/> Malaria <input type="checkbox"/> Babesia					
Travel Information (REQUIRED IF SUBMITTING BLOOD SMEAR FOR PARASITE IDENTIFICATION): Is there a history of travel? <input type="checkbox"/> Yes <input type="checkbox"/> No Where (country): _____ Return Date: _____					