DHEC 1335 Submission Form

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Public Health Laboratory
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CLIA#42D0658606

ALIGN BARCODE LABEL TO TOP OF BOX

Patient's Name (Last)	(First)	(MI)	Sex	Ethnicity	Race	Date of Birth

Address	City	State	Zip Code	County of Residence

Phone Number	Country of Birth	MCI Number	Local ID	Provider NPI

Sender No.	Sender Name	Billing Number	Program No.	Outbreak Number
614	ABBEVILLE AREA HEALTHCARE CENTER G00338			

Ordering Physician, Provider and/or Nurse:	Clinical Diagnosis

Special Instructions and/or Comments:

Specimen Information		Date of Onset	Agents/Organisms/or Virus Suspected
Collection Date:	**Collection Time:** ☐ AM ☐ PM		

Specimen Type/Source

- ☐ Blood/Serum
- ☐ Bronchial wash
- ☑ Nasopharyngeal Swab
- ☐ Smear (Do not mark for TB)
- ☐ Stool specimens
- ☐ Throat swab
- ☐ Urine
- ☐ Wound pus drainage
- ☐ BAL
- ☐ Nasal Swab
- ☐ Genital_____
- ☐ Swab _____
- ☐ Tissue/Biopsy_____
- ☐ Other _____

Mycobacteriology Specimens
- ☐ Induced sputum
- ☐ Spontaneous sputum
- ☐ Other_____

Symptoms

- ☐ Arthralgia/Myalgia
- ☐ Asymptomatic
- ☐ Conjunctivitis
- ☐ Diarrhea
- ☐ Encephalitis
- ☐ Fever
- ☐ Meningitis
- ☐ Nausea/Vomiting
- ☐ Pleurodynia
- ☐ Rash Type: _____
- ☐ Respiratory
- ☐ Other

Test Requested

Clinical Microbiology (Bacteriology/Parasitology)

Was culture incubated before transport: ☐ Yes ☐ No ☐ 24 hours ☐ 48 hours

- ☐ Broth Specimen for Shiga toxin producing E. coli
- ☐ CRE/CRPA/CRAB
- ☐ Candida ID
- ☐ Cryptosporidium Antigen
- ☐ Culture/Isolate for Shiga toxin producing E. coli
- ☐ Enteric Culture
- ☐ GC Culture and ID
- ☐ Legionella Urine Antigen
- ☐ Non-Enteric Culture and ID
- ☐ Organism for ID-Aerobic
- ☐ Other_____

Mycobacteriology

Known TB case? ☐ Yes ☐ No | R/O new TB Case? ☐ Yes ☐ No | Suspicious hx, s/sx? ☐ Yes ☐ No | Current Rx? ☐ Yes ☐ No

- ☐ Clinical Specimen for ID and Smear
- ☐ Isolate for ID ☐ Blood Culture
- ☐ Drug Susceptibility:
- ☐ Clinical Specimen ☐ Referred Isolate
- ☐ Specimen for Genotyping

Virology

- ☐ BioFire Respiratory Panel (Outbreak Only)
- ☐ Bordetella (BioFire)
- ☐ GI Outbreak (Norovirus RT-PCR and/or Biofire GI panel)
- ☐ Influenza RT-PCR ☐ In-patient ☐ Out-Patient
- ☐ QuantiFeron TB-Gold Plus Incubation Start Time: End Time:
- ☐ Herpes
- ☐ Measles RT-PCR
- ☐ Mumps RT-PCR
- ☐ Trioplex RT-PCR

☑ COVID RT-PCR	Y	N	U		Y	N	U
First Test?	☐	☐	☐	Hospitalized?	☐	☐	☐
Employed in healthcare?	☐	☐	☐	ICU?	☐	☐	☐
Symptomatic (CDC defined)?	☐	☐	☐	Pregnant?	☐	☐	☐
Resident in a congregate care facility?					☐	☐	☐

Special Pathogens

Rule-out Testing	Molecular Testing for Viral Pathogens		Serological Testing
☐ Bacterial Isolate ☐ Clinical Specimen	☐ Avian Influenza	☐ Ebola	☐ BMAT
Suspect Agent:_____	☐ MERS	☐ Other	☐ Malaria