



DHEC 1335 Submission Form
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Public Health Laboratory
8231 Parklane Road Columbia, SC 29223
(803) 896-0800

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 | Clinic ID | |
| Sender# G00338 Dr. Trey Moore 901 W. Greenwood St. Suite #1 Abbeville, SC 29620 | | | | | Billing Number | Program No. | Outbreak Number |
| | | | | | Clinical Diagnosis | | |
| Special Instructions and/or Comments | | | | | | | |
| Specimen Information | | | | Date of Onset | Agents/Organisms/or Virus Suspected | | |
| Collection Date: 6/23/2020 | Collection Time: | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | |
| Specimen Type/Source | | | | | | | |
| <input type="checkbox"/> Blood/Serum <input type="checkbox"/> Bronchial wash <input checked="" type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Smear (Do not mark for TB) <input type="checkbox"/> Stool specimens | <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Wound pus drainage <input type="checkbox"/> Genital <input type="checkbox"/> Swab | | <input type="checkbox"/> Tissue/Biopsy <input type="checkbox"/> Other | | Mycobacteriology Specimens <input type="checkbox"/> Induced sputum <input type="checkbox"/> Spontaneous sputum <input type="checkbox"/> Other | | |
| Symptoms | | | | | | | |
| <input type="checkbox"/> Arthralgia/Myalgia <input type="checkbox"/> Asymphomatic <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Diarrhea <input type="checkbox"/> Encephalitis <input type="checkbox"/> Fever | | <input type="checkbox"/> Meningitis <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Pleurodynia | | <input type="checkbox"/> Rash Type: <input type="checkbox"/> Respiratory <input type="checkbox"/> Other | | |
| Test Requested | | | | | | | |
| Clinical Microbiology (Bacteriology/Parasitology) | | | | | | | |
| Was culture incubated before transport: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 24 hours <input type="checkbox"/> 48 hours | | | | | | | |
| <input type="checkbox"/> Broth Specimen for Shiga toxin producing E. coli <input type="checkbox"/> CRE/CRPA/CRA <input type="checkbox"/> Candida ID <input type="checkbox"/> Cryptosporidium Antigen | | <input type="checkbox"/> Culture/Isolate for Shiga toxin producing E. coli <input type="checkbox"/> Enteric Culture <input type="checkbox"/> GC Culture and ID | | <input type="checkbox"/> Legionella Urine Antigen <input type="checkbox"/> Non-Enteric Culture and ID <input type="checkbox"/> Organism for ID-Aerobic <input type="checkbox"/> Other | | | |
| Mycobacteriology | | | | | | | |
| Known TB case? <input type="checkbox"/> Yes <input type="checkbox"/> No | | R/O new TB case? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Suspicious hx, s/sx? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Current Rx? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Clinical Specimen for ID and Smear <input type="checkbox"/> Isolate for ID <input type="checkbox"/> Blood Culture | | <input type="checkbox"/> Drug Susceptibility <input type="checkbox"/> Clinical Specimen <input type="checkbox"/> Referred Isolate | | <input type="checkbox"/> Specimen for Genotyping | | | |
| Virology | | | | | | | |
| <input type="checkbox"/> BioFire Respiratory Panel (Outbreak Only) <input type="checkbox"/> Bordetella (BioFire) <input type="checkbox"/> GI Outbreak (Norovirus RT-PCR and/or Biofire GI panel) <input type="checkbox"/> Herpes | | <input type="checkbox"/> Influenza RT-PCR <input type="checkbox"/> Measles RT-PCR <input type="checkbox"/> Mumps RT-PCR <input type="checkbox"/> Trioplex RT-PCR | | <input type="checkbox"/> In-patient <input type="checkbox"/> Out-patient | | <input checked="" type="checkbox"/> COVID RT-PCR | |
| <input type="checkbox"/> QuantiFeron TB-Gold Plus | | Incubation Start Time: | | Incubation End Time: | | | |
| Special Pathogens | | | | | | | |
| Rule-out Testing | | Molecular Testing for Viral Pathogens | | | Serological Testing | | |
| <input type="checkbox"/> Bacterial Isolate <input type="checkbox"/> Clinical Specimen Suspect Agent: | | <input type="checkbox"/> Avian Influenza <input type="checkbox"/> MERS | | <input type="checkbox"/> Ebola <input type="checkbox"/> Other | | <input type="checkbox"/> BMAT <input type="checkbox"/> Malaria | |

