NEW MEXICO DEPARTMENT OF HEALTH

# SLD COVID-19 TEST REQUEST FORM

Scientific Laboratory Division
1101 Camino de Salud N.E.
Albuquerque, NM 87102

**SLD LAB NO. ONLY**
**ONE FORM PER SPECIMEN**

**PLEASE PRINT LEGIBLY**

SLD Form 116 v3.0 Revised 4/23

**USER CODES →→**

SLD USE >>> ONLY

DATE <<<TIME STAMP

- [X] 51000 (Epidemiology)
- [ ] 52000 (PHD: General)
- [ ] 52110 (PHD: Prenatal)
- [ ] 52120 (PHD: Family Plan)
- [ ] 52340 (PHD: Refugee)
- [ ] 52325 (PHD: Adult Hepatitis)
- [ ] 52330 (PHD: TB Program)
- [ ] 51006 (EIP)
- [ ] 70704 (OMI)
- [ ] Other: (Enter Number) [ ][ ][ ][ ][ ]

**Please limit to one code per form**

## SUBMITTER INFORMATION

SUBMITTER CODE _____

FACILITY NAME _____

ADDRESS _____
Street or PO

_____
City State Zip Code

PHONE ( ) _____

**ATTENTION:** _____

CLINICIAN NAME _____
Last First

PHONE # ( )

## PATIENT INFORMATION

PATIENT NAME _____
Last First

GENDER [ ] MALE [ ] FEMALE [ ] TRANSGENDER

DATE OF BIRTH MM/ DD/ YYYY : ____/____/____

ADDRESS _____
Street or PO

( ) _____ _____
**Phone Number** City State Zip Code

PATIENT ID (MRN#) _____

SOCIAL SECURITY _____ _____

OTHER ID (HIV#) _____ Occupation (Enter Above)

**RACE**: Check all that apply.

- [ ] American Indian (Enter Affiliation) _____
- [ ] Asian
- [ ] Black/African American
- [ ] Native Hawaiian/Pacific Islander
- [ ] White
- [ ] Other

**ETHNICITY:** [ ] Hispanic [ ] Non-Hispanic

## SPECIMEN INFORMATION

**SPECIMEN SOURCE**

- [ ] Abscess
- [ ] Ascites fluid
- [ ] Blood, femoral
- [ ] Blood, heart
- [ ] Blood, plasma
- [ ] Blood, serum
- [ ] Blood, whole
- [ ] Bone
- [ ] Bone marrow
- [ ] Brain
- [ ] Bronchial Biopsy
- [ ] Bronchial Wash
- [ ] Bronchoalveolar lavage
- [ ] Cervix
- [ ] CSF
- [ ] Ear
- [ ] Endocervix
- [ ] Eye
- [ ] Feces/Stool
- [ ] Genital
- [ ] Hair
- [ ] Fluid (site):_____
- [ ] Liver
- [ ] Lymph node
- [ ] Lung, left
- [ ] Lung, right
- [ ] Nail (site)_____
- [ ] Nasopharyngeal swab
- [ ] Nasopharyngeal wash
- [ ] Nasal swab
- [ ] Nasal wash
- [ ] Pericardial fluid
- [ ] Peritoneal fluid
- [ ] Pleural fluid
- [ ] Pleural Biopsy
- [ ] Rectum
- [ ] Rectum/Vagina
- [ ] Skin (site)_____
- [ ] Spleen
- [ ] Sputum, natural
- [ ] Sputum, nebulized
- [ ] Throat swab
- [ ] Throat wash
- [ ] Tissue (site): _____
- [ ] Tracheal aspirate
- [ ] Urine
- [ ] Urethra
- [ ] Vagina
- [ ] Wound (site):_____
- [ ] Other: Oropharyngeal

### SPECIMEN COLLECTION

Date/Time Collected ____/____/____ _____
MM/ DD/ YYYY Military Time

### SPECIMEN TYPE

- [ ] Clinical
- [ ] Reference

### CLINICAL SYMPTOMS

- [ ] Asymptomatic
- [ ] Symptomatic: Date of onset: MM / DD / YYYY ____/____/____

## ANALYSIS REQUESTED

For Details: http://nmhealth.org/publication/view/general/1496/

### GENERAL MICROBIOLOGY

**BACTERIOLOGY**

- [ ] B. anthracis
- [ ] B. cereus/S. aureus
- [ ] Culture, OMI
- [ ] Culture, OMI anaerobic
- [ ] Campylobacter species:_____
- [ ] E. coli 0157:H7
- [ ] EIP Group A Streptococcus
- [ ] EIP Group B Streptococcus
- [ ] EIP S. pneumoniae isolate
- [ ] GC culture
- [ ] Haemophilus influenzae typing
- [ ] Listeria monocytogenes
- [ ] Legionella culture
- [ ] N. meningitidis typing
- [ ] Plague FA and culture
- [ ] Salmonella, serotype:_____
- [ ] Shigella, serotype:_____
- [ ] Shiga Toxin test/isolation
- [ ] Tularemia culture
- [ ] Vibrio
- [ ] Yersinia enterocolitica:_____
- [ ] Other:_____

**ID of Bacteria (specify)**

- [ ] Anaerobe _____
- [ ] Gram negative _____
- [ ] Gram positive _____

**Antimicrobial Resistance**
(Please attach Susceptibility Report)

- [ ] CRE Panel (Indicate below)
- ____CRE:_____
- ____CRPa (P. aeruginosa)
- ____Other:_____

**AFB/TUBERCULOSIS/MYCOLOGY**

- [ ] Aerobic actinomycetes
- [ ] AFB Culture
- [ ] AFB Reference Isolate
- Suspected ID:_____
- [ ] Fungal/Yeast Culture
- [ ] Fungal/Yeast Reference Isolate
- Suspected ID:_____

**MOLECULAR**

- [ ] Pertussis (Bordetella sp.) PCR
- [ ] Other:_____
- (ERD only)

### SEROLOGY

- [ ] Arbovirus ID
- [ ] CDC referral (attach form 50.34)
- [ ] HIV Ag/Ab Combo with Reflex
- [ ] Hepatitis A Diagnosis (IgM Only)
- [ ] Hepatitis A Immune Status
- [ ] Hepatitis B Pre-Vaccination
- [ ] Hepatitis B Prenatal Screen
- [ ] Hepatitis B Post-Vaccination
- [ ] Hepatitis B High Risk
- [ ] Hepatitis B High Risk and HCV
- [ ] Hepatitis C Antibody (Anti-HCV)
- [ ] Hepatitis A,B and C Diagnostic Panel (Acute)
- [ ] Mumps Immune Status
- [ ] Plague/Tularemia antibody
- [ ] Rubella immune status
- [ ] Rubella diagnosis (call first)
- [ ] Rubeola immune status
- [ ] Rubeola diagnosis (call first)
- [ ] SNV Hantavirus
- [ ] Syphilis RPR with Reflex to TPPA
- [ ] Syphilis RPR and TPPA
- [ ] TB Quantiferon
- [ ] VZV immune status
- [X] Other (Specify): SARS-CoV-2 (COVID-19)
- [ ] Expedite (Provide Reason):_____
- (ERD confirmation will be obtained)

### VIROLOGY

- [ ] **Virus Isolation**

**Agent(s) suspected:**

- ___ Influenza
- Rapid Test: Pos____Neg____
- Not Performed_____
- ___ HSV
- ___ Other (Specify):_____

**MOLECULAR**

- [ ] Dengue/Chikungunya PCR
- [ ] Ebola PCR
- [ ] Other:_____
- (ERD only)

Phone #'s: General Microbiology (505)383-9126/27/28; Molecular Biology (505)383-9130/60; Virology/Serology(505)383-9125/24/33; Specimen Receiving (505)383-9068/66 Bureau Chief (505)383-9122; SLD Main (505)383-9000; Fax(505)383-9121