

# Oklahoma State Department of Health

## Public Health Laboratory

4615 W Lakeview Rd, Stillwater, OK 74075-0802

Tel: (405)564-7750; Fax: (405)271-4850

Email: [PublicHealthLab@health.ok.gov](mailto:PublicHealthLab@health.ok.gov)

Test Directory: <http://phl.health.ok.gov>

Laboratory Director:

Anil Kaul, MD

CLIA #: 37D2219037



**OKLAHOMA**  
State Department  
of Health

Please, PRINT; \*indicates required fields

### Patient Information

Name\* (last) \_\_\_\_\_ (first) \_\_\_\_\_ (initial) \_\_\_\_\_ DOB\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Sex:\*  M  F

Ethnicity:  Hispanic/Latino  Non-Hispanic/Non-Latino  Unknown

Race:  White  Black/African American  Asian  American Indian/ Alaska Native

(mark all applicable)

Native Hawaiian/Other Pacific Islander  Other

### Submitter Information

Practitioner Name\* (last) \_\_\_\_\_ (first) \_\_\_\_\_ (initial) \_\_\_\_\_ NPI \_\_\_\_\_

Facility Name\* \_\_\_\_\_ Phone # ( ) - Fax # ( ) -

Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State \_\_\_\_\_ Zip\* \_\_\_\_\_

### Clinical Information

Diagnosis \_\_\_\_\_ Onset (mm-dd-yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Antibiotics (list and start dates) \_\_\_\_\_

### Specimen Information

Collection Date (mm-dd-yy)\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Time (hour:minute) \_\_\_\_\_ AM / PM By \_\_\_\_\_

Source/Type\* (check one only)

- |  |  |  |   |   |  |  |                                       |
|--|--|--|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> Blood                                     | <input type="checkbox"/> Serum           | <input type="checkbox"/> Urine           | <input type="checkbox"/> Stool          | <input type="checkbox"/> CSF                      | <input type="checkbox"/> Pleural fluid     | <input type="checkbox"/> Pericardial fluid | <input type="checkbox"/> Blood smears |
| <input type="checkbox"/> Sputum, expect.                           | <input type="checkbox"/> Sputum, induced | <input type="checkbox"/> Bronchial brush | <input type="checkbox"/> Bronchial wash | <input type="checkbox"/> Bronchoalveolar lavage   | <input type="checkbox"/> Tracheal aspirate |  |                                       |
| <input type="checkbox"/> Nasopharynx                               | <input type="checkbox"/> Oropharynx      | <input type="checkbox"/> Nasal wash      | <input type="checkbox"/> Eye            | <input type="checkbox"/> Rectum/anus              | <input type="checkbox"/> Vagina            | <input type="checkbox"/> Cervix            |                                       |
| <input type="checkbox"/> Tissue (specify):                         |  |  |   | <input type="checkbox"/> Wound/Lesion (specify):  |  |  |                                       |
| <input type="checkbox"/> Cultured isolate (specify suspect agent): |  |  |   | <input type="checkbox"/> Environmental (specify): |  |  |                                       |
| <input type="checkbox"/> Other (specify):                          |  |  |   |   |  |  |                                       |

### Test Request (mark one only)

#### Bacteriology

- Bacterial isolate, identification/serotyping/confirmation  
Variable specimen according to source (contact lab)
- Bacteria, non-enteric, isolation and identification  
Variable specimen according to source (contact lab; requires pre-approval)
- Enteric pathogens, isolation and identification  
Feces, 2 g or 5-10 mL in Cary Blair or GN Broth (STEC only)
- Bordetella  
Nasopharynx, 1 or 2 swabs; Isolate, confirm visible growth
- Chlamydia/Gonorrhea  
Urine, first 20-60 mL of void – transfer to UPT tube; Vaginal swab, use only BD vaginal specimen transport device
- Group B streptococcus  
Vaginal/anal swab in LIM broth (combined vaginal/anal collection preferred)
- Syphilis, serology (reverse algorithm)  
Serum in SST, 2 mL
- Bacteria, environmental (contact lab)

#### Virology

- Hepatitis B surface antigen (HBsAg)  
Serum, 2 mL (approved submitters only)
- HIV-1/2 antigen/antibodies  
Serum in SST, 2 mL (approved submitters only)
- Human papillomavirus, high risk  
Residual ThinPrep, 1 mL
- Influenza virus A and B  
Nasopharyngeal (preferred), nasal or throat swabs, 1 or 2 in VTM
- Respiratory Pathogen Panel  
Nasopharyngeal swab, 1 or 2 in VTM, or equivalent media
- Rubella antibodies  
Serum in SST, 1 mL (female CHD patients only)
- West Nile virus/St. Louis encephalitis virus, IgM antibodies  
Serum in SST, 2 mL; CSF, 1 mL (CSF must be accompanied by serum)
- Zika virus, chikungunya virus, dengue virus, PCR  
Serum in SST, 2 mL; CSF, 1 mL; Urine 1 mL; Amniotic fluid 1 mL (CSF, urine and amniotic fluid must be accompanied by serum) (contact lab; requires pre-approval)

#### Mycobacteriology/Myology

- Fungal isolate, identification  
Plate or slant with visible growth
- Mycobacteria, smear and culture w/ reflex to identification  
Respiratory sediments, 5-10 mL; Sterile fluid, >2 mL; Blood, 5-10 mL ACD or heparin; Tissue, 1 g; Urine, >5 mL
- Mycobacteria, isolate identification  
Liquid culture, >3 mL; Solid culture, visible growth
- M. tuberculosis* complex PCR  
Respiratory sediments, 5-10 mL (CHDs require OSDH TB physician pre-approval)

#### Parasitology

- Parasites, blood  
Babesia/trypansomes/filariiae: Giemsa or Giemsa-Wright-stained blood smears, 1 thick and 1 thin  
Malaria: Giemsa or Giemsa-Wright-stained blood smears, 1 thick and 1 thin AND 2-6 mL EDTA blood

#### Other

- Other (write-in description of test)