ERIE COUNTY PUBLIC HEALTH LABORATORY

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LAB USE ONLY

SPECIMEN BARCODE LABELS

PATIENT & PROVIDER INFORMATION

*REQUIRED information **COVID19-required Information

*Patient Name:			
*Date of Birth (*mm/dd/yyyy*):	Patient Medical Record Number:	*Gender: □ Female □ Male □ Other	
*Patient Address:			
*City:	*State:	*Zip:	
*PRIMARY Telephone:	Guardian's Name (if applicable):		
Guardian's address: (if applicable and if different than patient's address)			
*Patient Race: (*Select one or more*) □ Black/African American □ Native Hawaiian or Pacific Islander □ White □ Asian □ American Indian or Alaskan Native □ Multi-Racial □ Pt. Declined		*Patient Ethnicity: □ Hispanic or Latino □ NOT Hispanic or Latino □ Pt. Declined	
** School Affiliation? Y / N If yes, enter school info under employer fields.	** Occupation:	** Employer Name:	** Employer Telephone:
** Employer Address:	** Employer City:	** Employer State:	** Employer Zip Code
*Provider Name:		*Provider License Number:	
*Submitting Facility Name:			
*Mail reports to:			
*Phone #:	*Fax:	*ICD-10 (Diagnosis) Code:	

BILLING

Insurance Carrier Name:	Insurance Policy Number:
Medicaid Number:	**Physician/Provider Signature:** (REQUIRED for Medicaid Patients)

SAMPLE

*Specimen Collection Date: _____ *Collection Time: _____ Collected by: _____

*Specimen Type/ Source: □ Blood □ Feces □ Urine □ Throat □ Sputum □ Lesion □ Rectal □ Cervical □ Vaginal □ Urethral □ Other(*specify*):_____ □ Nasopharyngeal (NP) swab □ Oropharyngeal (OP) swab □ NP/OP swab (Combo)

Bacteriology:

- ☐ Culture, general aerobic [1]
- ☐ Culture, general anaerobic [1]
- ☐ Culture, stool
- ☐ Culture, *N. gonorrhoeae*
- ☐ NAAT: *C. trachomatis* & *N. gonorrhoeae*
- ☐ NAAT: *Trichomonas vaginalis*
- ☐ NAAT: *Mycoplasma genitalium*
- ☐ LRN Reference Testing [1] (rule-out *B.anthracis, Brucella sp., F.tularensis or Y.pestis)*

Virology:

- ☐ Influenza Virus Dx Panel, *r*RT-PCR(CDC)
- ☐ Herpes Simplex Virus 1, 2 NAAT
- ☐ SARS-CoV-2 [1]
- ☐ Respiratory Panel (SCoV, INF)
- ☐ Non-variola Orthopoxvirus

[1] *CONSULT WITH LABORATORY PRIOR TO SPECIMEN SUBMISSION*
[2] *SEND OUT TEST – LIMITED AVAILABILITY*

Diagnostic Immunology:

- ☐ Hepatitis B Surface Antigen (HBsAg)
- ☐ Hepatitis B Surface Antibody (HBsAb)
- ☐ Hepatitis C Antibody (Anti-HCV)
- ☐ Syphilis Antibody
- ☐ HIV Ag/Ab Combo
- ☐ QuantiFERON-TB Gold Plus

Clinical Chemistry:

- ☐ Alkaline phosphatase (ALP)
- ☐ Alanine Aminotransferase (ALT)
- ☐ Aspartate Aminotransferase (AST)
- ☐ Bilirubin, Total
- ☐ Lipids: ☐ Total Cholesterol, ☐ HDL
- ☐ Vitreous chemistry (ECMEO only)

Mycobacteriology:

- ☐ *Culture, Mycobacteria* [2]
- ☐ *Acid-Fast Bacillus (AFB) smear* [2]

Special Requests / Additional information :