



# NEVADA STATE PUBLIC HEALTH LABORATORY

1660 NORTH VIRGINIA STREET, RENO, NV 89503

Phone: (775) 688-1335 Fax: (775) 688-1460

LABORATORY DIRECTOR: Timothy Southern, MS, PhD, D(ABMM) CLIA: 29D06527-48 NV State 1479PHL

<p align="center"><b>Client Information</b></p> <p>Client: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____ Fax: _____</p>	<p align="center"><b>Patient Information</b></p> <p>Patient Name (Last, First, MI): _____</p> <p>Sex: _____ DOB: _____ Race: _____ Ethnicity: _____</p> <p>Patient ID#: _____ Requesting Provider (<b>Mandatory</b>): _____</p> <p>Patient Address with Zip Code (<b>Mandatory</b> for NV State Epidemiology): _____</p>
--	--

**Specimen Information**

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ Specimen Source: \_\_\_\_\_ Diagnosis Code (ICD-10): \_\_\_\_\_

<input checked="" type="checkbox"/>	<b>Microbiology Testing</b>
<input type="checkbox"/>	Adenovirus, NAAT
<input type="checkbox"/>	Arbovirus NAAT: Dengue, Chikungunya, Zika ( <b>Serum only</b> )
<input type="checkbox"/>	Blood Parasite, Smear
<input type="checkbox"/>	Bordetella Pertussis, NAAT
<input type="checkbox"/>	C. auris, NAAT
<input type="checkbox"/>	HSV-1, HSV-2, NAAT
<input type="checkbox"/>	Influenza A/B, SARS-CoV-2, NAAT
<input type="checkbox"/>	Influenza A/B, SARS-CoV-2, RSV, NAAT
<input type="checkbox"/>	Measles, NAAT <b>NSPHL approval required</b>
<input type="checkbox"/>	Mumps, NAAT
<input type="checkbox"/>	Norovirus, NAAT
<input type="checkbox"/>	Ova & Parasites Identification
<input type="checkbox"/>	Reference (Isolate)
<input type="checkbox"/>	Respiratory Disease Panel, NAAT
<input type="checkbox"/>	Salmonella, Confirmation
<input type="checkbox"/>	Shigatoxin (EHEC), Confirmation
<input type="checkbox"/>	Shigella, Confirmation
<input type="checkbox"/>	Spore Testing
<input type="checkbox"/>	Zika Virus, NAAT ( <b>Urine only</b> )
<input type="checkbox"/>	VZV, NAAT
<input checked="" type="checkbox"/>	<b>Microbiology Bacterial ID and AST Testing (Select One)</b>
<input type="checkbox"/>	Bacterial ID and AST
<input type="checkbox"/>	Bacterial ID only
<input type="checkbox"/>	AST only
<input checked="" type="checkbox"/>	<b>Microbiology Culture Testing (Specify Below)</b>
<input type="checkbox"/>	Campylobacter species
<input type="checkbox"/>	C. auris
<input type="checkbox"/>	Genital
<input type="checkbox"/>	Ear
<input type="checkbox"/>	Eye
<input type="checkbox"/>	Fungal
<input type="checkbox"/>	Respiratory (Upper/Lower)
<input type="checkbox"/>	Throat
<input type="checkbox"/>	Stool (Indicate if Vibrio or Yersinia)
<input type="checkbox"/>	Strep A Screen
<input type="checkbox"/>	Urine
<input type="checkbox"/>	Wound
<input type="checkbox"/>	Other
<input checked="" type="checkbox"/>	<b>Microbiology reflex to AST Testing (Select one)</b>
<input type="checkbox"/>	CPO/CRO
<input type="checkbox"/>	CRE
<input type="checkbox"/>	CRAB
<input type="checkbox"/>	CRPA
<input checked="" type="checkbox"/>	<b>Microbiology CT/GC, NAAT Testing (Select Source)</b>
<input type="checkbox"/>	Urine
<input type="checkbox"/>	Throat
<input type="checkbox"/>	Rectal
<input type="checkbox"/>	Cervix
<input type="checkbox"/>	Urethra

<input checked="" type="checkbox"/>	<b>Microbiology Trichomonas vaginalis, NAAT Testing (Select Source)</b>
<input type="checkbox"/>	Urine
<input type="checkbox"/>	Cervix
<input type="checkbox"/>	Urethra
<input type="checkbox"/>	Vaginal
<input checked="" type="checkbox"/>	<b>Serology Testing</b>
<input type="checkbox"/>	Chagas Disease, Serology
<input type="checkbox"/>	Cryptosporidium/Giardia DFA
<input type="checkbox"/>	Hantavirus, IgM and IgG
<input type="checkbox"/>	Hepatitis A, IgG
<input type="checkbox"/>	Hepatitis A, IgM
<input type="checkbox"/>	Hepatitis B Core Antibody, IgG and IgM
<input type="checkbox"/>	Hepatitis B Surface Antibody, Qualitative
<input type="checkbox"/>	Hepatitis B Surface Antibody, Quantitative
<input type="checkbox"/>	Hepatitis B, Surface Antigen
<input type="checkbox"/>	Hepatitis B, E Antigen
<input type="checkbox"/>	Hepatitis B, E Antibody
<input type="checkbox"/>	Hepatitis C Antibody
<input type="checkbox"/>	HIV-1/2 Antigen/Antibody Screening, Reflex to NAAT
<input type="checkbox"/>	Measles, IgG and IgM
<input type="checkbox"/>	M. tuberculosis QuantiFERON
<input type="checkbox"/>	Neisseria meningitidis Serotyping
<input type="checkbox"/>	Rotavirus, Stool Antigen
<input type="checkbox"/>	Rubella, IgM and IgG
<input type="checkbox"/>	Salmonella, Serotyping
<input type="checkbox"/>	Syphilis, FTA-ABS
<input type="checkbox"/>	Syphilis, RPR with Reflex to TPPA
<input type="checkbox"/>	Syphilis, RPR Titer Only (Previous Positive)
<input type="checkbox"/>	Syphilis, TP-PA
<input type="checkbox"/>	Syphilis, VDRL
<input type="checkbox"/>	West Nile Virus, IgG and IgM
<input type="checkbox"/>	Yellow Fever Virus, Serology
<input type="checkbox"/>	Zika Virus, IgM
<input checked="" type="checkbox"/>	<b>AFB Testing</b>
<input type="checkbox"/>	AFB/MTB, NAAT
<input type="checkbox"/>	MTB Susceptibility
<input type="checkbox"/>	Culture, AFB (Includes smear, AST)
<input checked="" type="checkbox"/>	<b>Other Testing</b>
<input type="checkbox"/>	Blood Lead
<input type="checkbox"/>	Suspect Biothreat/High Consequence Disease (i.e. Anthrax, Tularemia, Brucellosis) <b>NSPHL approval required</b>
<input type="checkbox"/>	Other, Please Describe: