

- ☐ Acceptance Criteria Not Met
- ☐ Inappropriate temperature
- ☐ Specimen too old
- ☐ Incomplete labeling/form
- ☐ Specimen inappropriate/damaged

Date: ____/____/____ Initials: _____

ENTERIC BACTERIOLOGY (ENTEROBACTERIALES)

N.C. Department of Health and Human Services
North Carolina State Laboratory of Public Health
4312 District Drive Raleigh, NC 27607

Please Give All Information Requested

Attach Printed Label Below

Patient Information	Last Name				
	First Name	MI			
	Maiden Name/Surname				
	Address/Attention:				
	Street Address:		Address 2:	City:	
	State:	Zip Code:	County Code:	County Name:	Phone Number:
	Insurance ID Number (if applicable):			Medicaid Number (if applicable):	
Specimen	Medical Record Number:		Date of Birth: ____/____/____		
	Sex: ☐ Male ☐ Transgender M2F ☐ Female ☐ Transgender F2M ☐ Unknown ☐ Transgender Unknown ☐ Ambiguous		Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Isles ☐ Unknown		
			Ethnicity: ☐ Hispanic or Latino Origin ☐ Non-Hispanic ☐ Unknown		
Submitter	EIN: _____ - _____		Submitter (Facility) Name:		
	Address:		Address 2:	City:	
	State:		Zip Code:	County Name:	
	Phone Number:		Email Address:	Fax Number:	
	Ordering Provider NPI:		Ordering Provider First and Last Name:		
Specimen	Collection Date: ____/____/____ Collection Time (24 hr time) _____		Reason for Testing (ICD -10 Dx Code): _____		
	Specimen Type: ☐ Reference isolate ☐ Clinical (primary patient specimen for culture) ☐ CIDT (culture-independent diagnostic test)		Specimen Source: ☐ Stool ☐ Rectal Swab ☐ Blood ☐ Urine ☐ Wound Site: _____ ☐ Other: _____		
	CIDT additional information: Please attach copy of CIDT report and identify method used below: ☐ BioFire® ☐ BD MAX® ☐ Luminex xTAG® ☐ LDT (lab developed test) ☐ Verigene® ☐ QIASTAT ☐ Cepheid Xpert ☐ Other _____		Microbiology Test request/ Pathogen(s) identified: ☐ Enteric pathogens (includes all below) ☐ Aeromonas only ☐ Campylobacter only ☐ Shiga like toxin E.coli (STEC) / O157 only ☐ Salmonella only ☐ Shigella only ☐ Yersinia only ☐ Vibrio only Unusual reference isolate identification: ☐ Glucose fermenting Gram-negative rod ARLN Test Request: ☐ ARLN Panel ☐ Organism Id (genus species) _____ ☐ Mechanism of resistance _____ Molecular Test request/ Pathogen(s) identified: ☐ Norovirus (outbreak-associated) # _____		
Epi	Please complete if applicable: Foreign or domestic travel? Where? _____ Suspect foodborne outbreak? _____ Daycare? Food handler? Healthcare worker? _____				