Lab Use Only

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

Date: ___/___/____ Initials:_____

SPECIAL/ATYPICAL BACTERIOLOGY

N.C. Department of Health and Human Services
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): __ __ __ __ __ __ __ __ __ __

Medical Record Number: | Date of Birth: ___/___/____

Sex:
- ◯ Male
- ◯ Female
- ◯ Unknown
- ◯ Ambiguous
- ◯ Transgender M2F
- ◯ Transgender F2M
- ◯ Transgender Unknown

Race (mark all that apply):
- ☐ White
- ☐ Black
- ☐ Asian
- ☐ Unknown
- ☐ American Indian/ Alaska Native
- ☐ Native Hawaiian/ Pacific Isles

Ethnicity:
- ☐ Hispanic or Latino Origin
- ☐ Non-Hispanic
- ☐ Unknown

Submitter

EIN: _____-_____ | Submitter 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:
- ☐ Isolated Organism (describe):
  _____
  _____
  _____
- ☐ Smear
- ☐ Clinical

Specimen Source:
- ☐ Blood
- ☐ CSF
- ☐ Urine
- ☐ NP
- ☐ Bronchial Lavage
- ☐ Throat/Pharyngeal
- ☐ Bronchial Wash
- ☐ Bronchial Brush
- ☐ Sputum
- ☐ Sterile Body Fluid Site: _____
- ☐ Wound Site: _____
- ☐ Genital Site: _____
- ☐ Other: _____

Examine For:
- ☐ Presumptive GC for confirmation
- ☐ GC
- ☐ GC susceptibility
- ☐ N. meningitides Group
- ☐ H. influenza Type
- ☐ Bordetella PCR
- ☐ Bordetella Culture
- ☐ Legionella DFA
- ☐ Legionella Culture
- ☐ Listeria
- ☐ Vibrio
- ☐ Reference ID** (fill out information below)

Laboratory Number:

Do Not Write in this Space

Other

**For Reference ID: describe organism, including biochemical reactions: _____

_____

_____

For more information, refer to website at https://slph.dph.ncdhhs.gov/