

Maine Health and Environmental Testing Laboratory

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This form and others available for download or printing from our website: www.mainepublichealth.gov/lab/downloadableforms

(*REQUIRED FIELDS)

* Submitter Name/Address		<u>Hospital/Lab ID#</u>	<u>Physician Fax</u>
<u>Submitter Phone</u>		<u>Physician Name (First/Last)</u>	<u>Physician Practice/Affiliation</u>
<u>Submitter Fax#</u>		<u>Physician Address and Phone</u>	<u>Physician NPI#</u>
*Patient Name (*Last, *First, MI)		*Gender <input type="checkbox"/> M <input type="checkbox"/> F	*Specimen source: <input type="checkbox"/> Anal <input type="checkbox"/> Bronch wash <input type="checkbox"/> Buccal <input type="checkbox"/> Cervical <input type="checkbox"/> CSF <input type="checkbox"/> Endocervical <input type="checkbox"/> Labial <input type="checkbox"/> Nasal/Nasal Wash <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Stool <input type="checkbox"/> Penile <input type="checkbox"/> Rectal <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Vulva <input type="checkbox"/> Plasma <input type="checkbox"/> Serum <input type="checkbox"/> Whole blood
Is patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Date of Birth (mm/dd/yyyy)	
		<u>Symptom Onset Date</u>	
		*Date of Collection (mm/dd/yyyy)	<input type="checkbox"/> Other: (please specify)

Information highlighted above is required for ALL test requests; Blood lead testing requires additional fields

*Patient Street Address	*Apt#	*City/Town	*State	*Zip Code
Race <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Some other race <input type="checkbox"/> Two or more races	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	MaineCare (if primary) MUST include copy of MaineCare Card, otherwise facility will be charged Blood Lead – ONLY <input type="checkbox"/> Check only if patient has No Private Insurance Coverage AND No MaineCare Coverage		Blood Lead <u>Parent/Guardian Name</u> Blood Lead <u>Parent/Guardian Phone:</u>

BACTERIOLOGY

- Chlamydia/Gonorrhea screen (Amplified Probe)
- Bordetella species PCR
- Campylobacter Identification
- Carbapenem resistance - Isolate only
- Cryptosporidium PCR
- Plasmodium spp. PCR
- Shigatoxin / E. coli Serotyping
- Enteric Pathogen Screen (Salmonella, E. coli, Shigella, Campylobacter)
- Neisseria meningitidis grouping
- Neisseria meningitidis PCR - CSF only
- Salmonella Identification/serotyping
- Shigella Identification/serotyping
- Bacterial Culture Identification
- Organism suspected:
- Rule out B. anthracis or other select agent: Please specify:

MYCOBACTERIOLOGY

- AFB Smear and Culture w/ Identification
- Preliminary MTBC/MAC PCR (**Requires TB Control Approval**)
- Reference Culture Identification by 16S
- Susceptibility Send Out (Positives Only)

WHOLE GENOME SEQUENCING

- Viral Metagenomics
- Bacterial Isolate Analysis

VIROLOGY

- Adenovirus PCR
- Enterovirus RT-PCR
- Herpes simplex (HSV1/HSV2) PCR
- Influenza A/B RT-PCR
- Mumps RT-PCR
- Norovirus RT-PCR
- Parainfluenza RT-PCR
- Rhinovirus RT-PCR
- Respiratory Enterovirus RT-PCR
- RSV RT-PCR
- Rubeola (Measles) RT-PCR
- Varicella/Herpes zoster RT-PCR (chicken pox/shingles)

Respiratory Panel by PCR – Includes: Adenovirus, Respiratory Enterovirus, Influenza A/B, Parainfluenza, RSV, and Rhinovirus

CSF Panel by PCR
Includes: Enterovirus, HSV1, HSV2, VZV and Neisseria meningitidis screen
May be Reflexed to Arbovirus Panel.
Requires 1.5mL of spinal fluid for all testing.

BLOOD LEAD

- Venous Venous in Microtainer
- Capillary
- Check if Symptomatic or Repeat Test

SEROLOGY

- Arbovirus IgM Serology Panel ** (Includes WNV, SLE, EEE)
- **Requires arboviral submission form
- Hepatitis C IgG Antibody screen
- HIV-1/HIV-2 Antibody/Antigen screen
- HIV-1/2 Screen and Confirmation
- Quantiferon®-TB Gold Plus** - Serology
- RPR Syphilis screen
- Syphilis serum confirmation
- Syphilis VDRL, CSF only

ARBOVIRUS PCR

- Chikungunya RT-PCR **
- Dengue 1-4 RT-PCR **
- Powassan/Deer Tick RT-PCR **
- Zika virus RT-PCR **
- **All Require Arboviral Submission Form

Additional Information:

MECDC Outbreak Information: