



Alaska State Public Health Laboratories

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Anchorage, AK 99519
Phone: 907-334-2100
24 hour: 1-855-222-9918
HIPAA Compliant Fax: 907-334-2161

Anchorage Lab Request Form v11/21/2023

Two unique patient identifiers are required on the specimen and the requisition. Please print clearly. Failure to fill out required fields will result in specimen processing delays.

Patient Information: Preprinted labels are recommended.

Non-Human Sample Collection Date Time am pm

Patient ID (Chart#, MR#) Race Ethnicity

Last Name First Name MI

Date of Birth Gender Patient Phone Number

Patient Physical Address City/Village

Submitter Information - Report Results to:

Facility Name (Hospital/Clinic/etc.) Phone Number

Provider Name Fax Number

Mailing Address

City State Zip Code

Chlamydia & Gonorrhoea NAAT

CT/GC Urine CT/GC Endocervical
CT/GC Vaginal CT/GC Urethral
CT/GC Oropharyngeal CT/GC Rectal
CT Eye \*\*Chlamydia Testing Only\*\*

Trichomonas NAAT, Fee Applies

Trichomonas Urine Trichomonas Vaginal
Trichomonas Endocervical

M. genitalium NAAT, reflex testing

M. gen Urine M. gen Urethral
M. gen Vaginal Symptomatic
M. gen Endocervical Treatment Failure

Syphilis

Date Frozen (freeze if transit >5 days):

Syphilis Screen (RPR)

Syphilis Exposure/Symptoms/Outbreak (RPR and FTA)

Syphilis Rapid Antibody Screen

Syphilis Health Check Other:

Syphilis Rapid Result

Reactive Non-reactive Invalid

Patient is part of an Epidemiology Investigation

Pregnant Not Pregnant Unknown

Mycobacteriology (TB)

Source:

AFB Culture and Smear
Susceptibility testing performed on initial TB
positive cultures only

TB NAAT: Contact Alaska TB Control at
1-907-269-8000 for approval prior to ordering

Parasitology

Ova and Parasite Exam

Giardia/Cryptosporidium DFA

Acid Fast Stain

Cyclospora, Cryptosporidium, and Cystoisospora

Pinworm Exam

Arthropod/Ectoparasite/Worm ID

Blood Parasite Exam

Submit thick and stained thin smears for malaria

Travel History:

Bacteriology

Diphtheria Culture Source:

Enteric Culture: Campylobacter, E. coli, Salmonella, Shigella

Aeromonas/Plesiomonas

Vibrio

Yersinia

Routine Shiga toxin Screen (EIA)

Other:

Source:

Carbapenem Resistance Testing

CRE/CRPA/CRAB \*\*Attach AST\*\*

Candida auris

Culture Independent Method Used? YES NO

CIDT Method:

\*\*Please Attach CIDT Instrument Printout\*\*

Campylobacter

Corynebacterium diphtheriae

E. coli STEC (Referred Positive)

E. coli O157 Method Used:

E. coli Non-O157

Shiga toxin EIA Method Used:

Haemophilus influenzae\*

Listeria monocytogenes

Neisseria gonorrhoeae

Neisseria meningitidis\*

Salmonella, species if known

Shigella, species if known

S. pyogenes, agalactiae, or pneumoniae\*

Vibrio, species if known

Yersinia, species if known

\* Isolates from normally sterile body fluids or sites only.
Referred to the CDC Arctic Investigations Program.

Botulism

Contact Epidemiology 1-800-478-0084

Contact ASPHL 1-855-222-0957

Pre-BAT Serum (min. 10 mL serum per patient)

Date/Time BAT Administered:

Stool Gastric/Vomit

Other/Food:

Contact Epidemiology 1-800-478-0084

Contact ASPHL 1-855-222-0957

Specify Pathogen:

Source:

Pertussis

Pertussis PCR

Dacron or Polyester Nasopharyngeal Swabs Only

Samples from patients currently taking antibiotics longer than 5 days
may yield false negative results.

Antibiotic start date:

Chemical Threat

Contact ASPHL 1-855-222-0951

Suspected Agent/Toxin:

Source:

Chemistry

\*\*Only authorized providers can request
Chemistry Testing\*\*

Blood Lead (Pb)

(Indicate Source: Capillary or Venous Blood)

CINA Trace Drug Panel (Urine Only)

Toxic Alcohols and Glycols

(Whole Blood Only - gray top preferred -no SST)

Other:

Source: