



Alaska State Public Health Laboratories

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Anchorage Lab Request Form v10/07/2022

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.				Submitter Information - Report Results to:			
Non-Human Sample	<u>Collection Date</u>	Time	am pm	<u>Facility Name (Hospital/Clinic/etc.)</u>	<u>Phone Number</u>		
<u>Patient ID (Chart#, MR#)</u>	<u>Race</u>	<u>Ethnicity</u>		<u>Provider Name</u>	<u>Fax Number</u>		
<u>Last Name</u>		<u>First Name</u>		<u>Mailing Address</u>			
<u>Date of Birth</u>		<u>Gender</u>	<u>Patient Phone Number</u>				
<u>Patient Physical Address</u>			<u>City/Village</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	
Chlamydia & Gonorrhoea NAAT		Bacteriology				Botulism	
CT/GC Urine	CT/GC Endocervical	Diphtheria Culture Source: _____				Contact Epidemiology 1-800-478-0084	
CT/GC Vaginal	CT/GC Urethral	Enteric Culture: <i>Campylobacter, E. coli, Salmonella, Shigella</i>				Contact ASPHL 1-855-222-0957	
CT/GC Oropharyngeal	CT/GC Rectal	<i>Aeromonas/Plesiomonas</i>				Pre-BAT Serum (min. 10 mL serum per patient)	
CT Eye **Chlamydia Testing Only**		<i>Vibrio, species if known</i> _____				Date/Time BAT Administered: _____	
Trichomonas NAAT, Fee Applies		Routine Shiga toxin Screen (EIA)				Stool Gastric/Vomitous	
Trichomonas Urine		Other: _____				Other/Food: _____	
Trichomonas Vaginal		Reportable Organism Submission				Biothreat and Emerging Pathogens	
Trichomonas Endocervical		Source: _____				Contact Epidemiology 1-800-478-0084	
Syphilis		Carbapenem Resistance Testing				Contact ASPHL 1-855-222-0957	
Syphilis Screen (RPR)		CRE/CRPA/CRAB **Attach AST**				Specify Pathogen: _____	
Date Frozen (freeze if transit >5 days): _____		<i>Candida auris</i>				Source: _____	
Epidemiology Investigation		Culture Independent Method Used?				Pertussis	
YES NO		YES NO				Pertussis PCR	
Syphilis Exposure/Outbreak (RPR and FTA)		CIDT Method: _____				Dacron or Polyester Nasopharyngeal Swabs Only	
Mycobacteriology (TB)		**Please Attach CIDT Instrument Printout**				Samples from patients currently taking antibiotics longer than 5 days may yield false negative results.	
Source: _____		<i>Campylobacter</i>				Antibiotic start date: _____	
AFB Culture and Smear		<i>Corynebacterium diphtheriae</i>				Chemical Threat	
<i>Susceptibility testing performed on initial TB positive cultures only</i>		<i>E. coli</i> STEC (Referred Positive)				Contact ASPHL 1-855-222-0951	
TB NAAT: Contact Alaska TB Control at 1-907-269-8000 for approval prior to ordering		<i>E. coli</i> O157 Method Used: _____				Suspected Agent/Toxin: _____	
Parasitology		<i>E. coli</i> Non-O157				Source: _____	
Ova and Parasite Exam		Shiga toxin EIA Method Used: _____				Chemistry	
<i>Giardia/Cryptosporidium</i> DFA		<i>Haemophilus influenzae*</i>				**Only authorized providers can request Chemistry Testing**	
Acid Fast Stain		<i>Listeria monocytogenes</i>				Blood Lead (Pb)	
<i>Cyclospora, Cryptosporidium, and Cystoisospora</i>		<i>Neisseria gonorrhoeae</i>				<i>(Indicate Source: Capillary or Venous Blood)</i>	
Pinworm Exam		<i>Neisseria meningitidis*</i>				CINA Trace Drug Panel (<i>Urine Only</i>)	
Arthropod/Ectoparasite/Worm ID		<i>Salmonella, species if known</i> _____				Toxic Alcohols and Glycols	
Blood Parasite Exam		<i>Shigella, species if known</i> _____				<i>(Whole Blood Only - gray top preferred -no SST)</i>	
<i>Submit thick and stained thin smears for malaria</i>		<i>S. pyogenes, agalactiae, or pneumoniae*</i>				Other: _____	
Travel History: _____		<i>Vibrio, species if known</i> _____				Source: _____	
		<i>Yersinia, species if known</i> _____					
		* Isolates from normally sterile body fluids or sites only. Referred to the CDC Arctic Investigations Program.					