



Alaska State Public Health Laboratories

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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.

Submitter Information - Report Results to:

Non-Human Sample **Collection Date** Time am pm

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

Patient ID (Chart#, MR#) Race

Ethnicity

Provider Name

Fax Number

Last Name

First Name

MI

Mailing Address

Date of Birth

Gender

Patient Phone Number

Patient Physical Address

City/Village

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: _____

Reportable Organism Submission

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/Vomitus

Other/Food:

Biothreat and Emerging Pathogens

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: