

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)

* <u>Submitter Name/Address</u>	<u>Hospital/Lab ID#</u>	<u>Physician Fax</u>
	<u>Physician Name (First/Last)</u>	<u>Physician Practice/Affiliation</u>
	<u>Submitter Phone</u>	
<u>Submitter Fax#</u>	<u>Physician Address and Phone</u>	<u>Physician NPI#</u>
* <u>Patient Name (*Last, *First, MI)</u>	* <u>Gender</u> <input type="checkbox"/> M <input type="checkbox"/> F	* <u>Specimen source:</u> <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	<u>Date of Birth (mm/dd/yyyy)</u>	<u>Date of Collection (mm/dd/yyyy)</u> <input type="checkbox"/> Other: (please specify)
	<u>Symptom Onset Date</u>	

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

* <u>Patient Street Address</u>	* <u>Apt#</u>	* <u>City/Town</u>	* <u>State</u>	* <u>Zip Code</u>
<u>Race</u> <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	<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<u>MaineCare (if primary)</u> MUST include copy of MaineCare Card, otherwise facility will be charged <u>Blood Lead – ONLY</u> <input type="checkbox"/> Check only if patient has No Private Insurance Coverage AND No MaineCare Coverage		<u>Blood Lead</u> <u>Parent/Guardian Name</u> <u>Blood Lead</u> <u>Parent/Guardian Phone:</u>

BACTERIOLOGY

- Chlamydia/Gonorrhea screen (Amplified Probe)
 - Bordetella species PCR
 - Campylobacter Identification
 - Carbapenem resistance - Isolate only
 - Clostridium difficile PCR
 - 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
- Prelim MTBC/MAC PCR (Requires TB Control Approval)
- MTBC/MAC PCR
- Reference Culture Identification by 16S
- Susceptibility Send Out (Positives Only)

WHOLE GENOME SEQUENCING

- Viral Metagenomics
- Bacterial Isolate Analysis

Includes virulence factors, antibiotic resistance genes and, if applicable, serotyping, and phylogenetic tree analysis for outbreaks

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: