

Maine Health and Environmental Testing Laboratory

221 State Street, SHS 12
Augusta, Maine 04333-0012
Phone: 207-287-2727 Fax: 207-287-1727

Maine Center for Disease Control and Prevention
An Office of the Maine Department of Health & Human Services

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

(*REQUIRED FIELDS)

* Submitter Name/Address Submitter Phone Submitter Fax#	Hospital/Lab ID#	Physician Fax
	Physician Name (First/Last)	Physician Practice/Affiliation
	Physician Address and Phone	Physician NPI#
* 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/Oral <input type="checkbox"/> CSF <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"/> Cervical <input type="checkbox"/> Endocervical <input type="checkbox"/> Labial <input type="checkbox"/> Penile <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Vulva <input type="checkbox"/> Whole blood <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Other:
Is patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Date of Birth (mm/dd/yyyy) Symptom Onset Date	* Date of Collection (mm/dd/yyyy)

Information highlighted below 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) Please include copy of MaineCare Card	Blood Lead Parent/Guardian Name	Blood Lead Parent/Guardian Phone:
Blood Lead – ONLY <input type="checkbox"/> Check only if patient has No Private Insurance Coverage AND No MaineCare Coverage				

BACTERIOLOGY

- Chlamydia/Gonorrhea screen (Amplified Probe)
 - Bordetella species – PCR
 - Campylobacter Identification
 - Carbapenem resistance (CRE) PCR-Isolate
 - Clostridium difficile PCR
 - C. difficile PFGE Subtyping
 - Cryptosporidium PCR
 - E. coli Identification/serotyping
 - E. coli Shiga Toxin by PCR
 - Enteric Pathogen Screen (Salmonella, E.coli, Shigella, Campylobacter)
 - MRSA – Isolate only
 - Neisseria meningitidis grouping
 - Neisseria meningitidis PCR/CSF only
 - SALMONELLA Identification/serotyping
 - SHIGELLA Identification/serotyping
 - Vancomycin resistance (VRE) PCR-Isolate
 - Vibrio Identification
 - Yersinia Identification
 - Reference Culture Identification
- Organism Suspected:

ARBOVIRUS PCR

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

VIROLOGY

- Adenovirus PCR
- Enterovirus RT-PCR
- Herpes simplex (HSV1/2) PCR
- Influenza A/B RT-PCR (includes pdmH1N1)
- Mumps RT-PCR
- Norovirus RT-PCR
- Rhinovirus RT-PCR
- Respiratory Enterovirus RT-PCR
- RSV RT-PCR
- Rubeola (Measles) RT-PCR
- Varicella/Herpes Zoster PCR (“chicken pox”/“shingles”)
- Reflex to Viral Culture if PCR Test Selected is Negative
- Viral Culture, Routine, (10 days)

CSF Panel by real time PCR
Enterovirus, HSV1, HSV2, VZV and Neisseria meningitidis screen
May be Reflexed to Arbovirus Panel;
Requires 1.5mL of spinal fluid.

Respiratory Panel by real time PCR
Adenovirus, Influenza A/B, Respiratory Syncytial Virus (RSV), Rhinovirus and Respiratory Enterovirus screen

BLOOD LEAD

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

SEROLOGY

- Arbovirus IgM Serology Panel (West Nile, SLE, EEE) **
- Hepatitis C IgG Antibody screen
- HIV-1/HIV-2 Antibody/Antigen screen
- HIV-1/2 Screen and Confirmation
- Mumps IgG Antibody screen
- Mumps IgM Antibody screen
- Quantiferon®-TB Gold /IGRA - Serology
- Rubeola (Measles) IgG Antibody screen
- Rubeola (Measles) IgM Antibody screen
- RPR Syphilis screen
- Syphilis serum confirmation
- Syphilis VDRL, Spinal Fluid Only
- Varicella zoster IgG Antibody screen

MYCOBACTERIOLOGY

- Acid fast (AFB) smear
- AFB smear and culture
- M. tuberculosis complex PCR
- Reference Culture Identification

Additional Information:

MECDC Outbreak Investigation ID#:

Investigator: