Specimen Submission Form

STATE LABORATORY INSTITUTE
305 South Street
Jamaica Plain, MA 02130-3597
PLEASE PRINT **Tel. 617-983-6200** DO NOT ABBREVIATE

Do not use this space

1. SEND RESULTS TO :
Facility/Laboratory

Address

Phone number : ( )

2. PATIENT INFORMATION
Name

Address

Phone ( )

Patient ID

3. ORDERING PHYSICIAN/CONTACT - Name

Phone Number: ( )

4. Sex ☐ M ☐ F ☐ Other **Date of Birth** / /

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one)
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other

5. TEST REQUESTED:_____

_____

Reason: ☐ Symptomatic ☐ Test of Cure ☐ Surveillance
☐ Confirmation ☐ Contact

Presumptive ID: _____

For: ☐ Identification ☐ Isolation ☐ Typing
(-------Complete Section 7------)

☐ Serology **(Complete Section 6)**

☐ Other (specify)

6. SEROLOGY:

☐ Serum ☐ Spinal Fluid

☐ Acute ☐ Convalescent ☐ Late Convalescent

Date Collected _____/_____/_____

7. CULTURE: Specimen submitted is: (Please check one and complete date collected or date of subculture)

☐ **Original Material. Date Collected:** _____/____/_____ ☐ **Subculture. Date Subculture made:** _____/____/_____

Has specimen been treated? ☐ Yes ☐ No Specify Method _____

Source of Specimen:

☐ Anal Canal ☐ Pharynx ☐ Throat ☐ Wound (site)
☐ Blood ☐ Plasma ☐ Urethra
☐ Bone marrow ☐ Serum ☐ Urine ☐ Exudate (site)
☐ Cervix ☐ Spinal Fluid
☐ Gastric ☐ Sputum ☐ Body Fluid (site**)** ☐ Tissue (specify)
☐ Nasopharynx ☐ Stool
☐ Bronchus (site) ☐ Other (specify**)**

8. FOR VIRUS SEROLOGY, VIRUS ISOLATION and TESTS LISTED AS CDC SEROLOGY or CDC CULTURE IN THE SLI MANUAL OF TESTS and SERVICES.

Symptoms, Date of Onset and Duration_____

_____

Travel History (and dates of travel)_____

Animal/Arthropod Contact (specify) _____

Previous Laboratory Results_____

Relevant Immunizations (give dates) _____

Additional Information:_____

_____

INSTRUCTIONS: If a section does not apply to a given situation, write N/A (not applicable). For more information on SLI testing, see the SLI Manual of Tests and Services at http://www.mass.gov/dph/bls/

Form SS-SLI-1-05