RIDOH State Health Laboratories Test Requisition

150 Richmond St., Suite 100, Providence, RI 02903
401-222-5600; Fax: 401-222-6985; TTY: 800-745-5555
www.health.ri.gov

Affix RISHL sticker here.

Facility		
	Name:	**RISHL client #:**
	Address (Street, Town, State, Zip):	**Phone:**

Patient				
	Last Name:		**First Name:**	
	Address (Street, Town, State, Zip):			
	Phone:	**DOB:**	**Male** ☐ **Female** ☐	**MRN:**
	Ethnicity:	**Race:**		**Language:**
	Parent Name *(Lead only)*:			

Provider		
	Enter information as it appears on State medical license	
	Name:	**NPI:**
	Phone:	**Fax:**
	OTHER Report to (pediatric lead only):	**NPI:**

Insurance		
	Insured's Name:	**ICD-10 code:**
	Insurance Company:	**Policy Number:**
	Address (Street, Town, State, Zip):	

Specimen Information

(For collection guidance: http://www.health.ri.gov/programs/laboratory/biological/about/specimensubmission/)

Collection Date:	**Collection Date:**	**Collection Date:**	**Collection Date:**	**Collection Date:**
Specimen 1:	**Specimen 2:**	**Specimen 3:**	**Specimen 4:**	**Specimen 5:**

Toxicology		**Microbiology**		**Sexually Transmitted Infections**	
☐	Lead Screen Fingerstick	☐	AFB Isolate ID (including regulatory compliance) [2]	☐	Chlamydia/Gonorrhea
☐	Lead Screen Venous	☐	AFB Smear and Culture	☐	Trichomoniasis
☐		☐	Bacterial Isolate (ID/confirmation)	☐	Mycoplasma genitalium
☐	Opioids Panel	☐	Bacterial Isolate (regulatory compliance) (excludes AFB, Enteric, and CRE/CRPA Isolates) [2]	☐	Hepatitis C
☐	Fentanyl Analogs Panel			☐	HIV
☐	CNS Depressants Panel	☐	Blood Parasite (ID/confirmation)	☐	Syphilis
☐	Stimulants Panel	☐	Resistant Candida ID (including C.auris)	**Pre-approval required; call 401-222-2577 [7]**	
Pre-approval required; call 401-222-5606 [1]		☐	CRE/CRPA Isolate [2]	☐	Bio-threat Agent rule-out (including Ebola)
☐	Cyanide (Blood)	☐	Enteric Pathogen Isolate [2,3]	☐	Measles PCR
☐	Heavy Metals Panel (Blood) [a]	☐	Influenza PCR (Sentinel Provider Only)	☐	Mumps PCR
☐	Toxic Element Panel (Urine) [b]	☐	Bordetella PCR [4]	☐	MPox PCR
☐	Volatile Organic Compounds (Serum) [c]	☐	Respiratory Panel [4]	☐	Norovirus PCR (outbreaks)
☐	Chem Threat Agent [d]	☐	Primary specimens (note test request on comments line) [5]	☐	VZV PCR
		☐	SARS-COV-2 / FLUA / FLUB PCR	☐	West Nile Virus Serology
		☐	TB PCR	☐	CDC Send-out (note test request on comment line) [6,7]
Comments/Other Test Requests:				☐	Global Fever Special Pathogens Panel

For State Health Laboratory Use Only

Date received:	Received by:

Red/SST Serum Lav. Gray Urine Respiratory Swab Stool CSF Isolate Other: _____

Ethnicity, Race, and Language *(Write codes on the front of Test Requisition or use drop-down menus on fillable pdf)*					
Ethnicity		**Primary language spoken**			
1	Unknown	00	Unknown	05	Hmong
2	Hispanic/Latino	01	Cambodian/Mon Khmer	13	Italian
3	Not-Hispanic or Latino	02	Cape Verdean	06	Laotian
		11	Chinese	07	Portuguese
Race		03	English	08	Russian
A	Unknown/Refused	04	French	09	Spanish
B	White / Caucasian	12	French – Creole	10	Vietnamese
C	Black/African American				
D	American Indian/Alaskan native (including South and Central America)				
E	Native Hawaiian/Pacific Islander				
I	Asian				
J	Other				

Specimen Type *(Write on the front of Test Requisition or use drop-down menus on fillable pdf.)*		
Abscess	Eye	Rectal
Ascites fluid	Fingerstick	Serum (acute)
Blood	Gastric aspirate	Serum (convalescent)
Bone marrow	Heart blood	Sputum
Bronchial wash	Lung wash (Left)	Stool
Bronchial wash (Left)	Lung wash (Right)	Synovial fluid
Bronchial wash (Right)	Lung wash (Left and Right)	Thoracentesis fluid
BAL lower lobe (Left)	Lymph node	Throat (pharyngeal)
BAL lower lobe (Right)	Nasal	Tissue **(specify site on comments line)**
BAL Middle lobe (Right)	Nasopharynx	Urethral
BAL Upper lobe (Left)	Paracentesis fluid	Urine
BAL Upper lobe (Right)	Pericardial fluid	Vaginal
Cerebrospinal fluid (CSF)	Peritoneal fluid	Wound **(specify site on comments line)**
Cervical	Pleural fluid	Other **(write source on comments line)**

Further details on tests requested	
1	Pre-approval is rrequired from RIDOH State Health Laboratories (401-222-5606) prior to submission of specimen
2	Regulatory Compliance: A list of microorganisms mandated by State law/regulation to be sent to Rhode Island State Health Laboratories is available at http://health.ri.gov/lists/ReportableDiseasesforLabs.pdf. Isolates are pure cultures (except select enteric specimens *see footnote 4) submitted for identification, confirmation, further studies, or banking.
3	Enteric isolates (regardless of source) include: *E. coli (shiga-toxin producing), *Salmonella spp., *Shigella spp., Campylobacter spp., Vibrio spp., and Yersinia spp., (*specimens may be submitted as stools in GN broth (24-hour incubation required)).
4	For pertussis testing, left and right nasopharyngeal swabs are considered as one specimen. Test detects Bordetella pertussis and Bordetella parapertussis.
5	Special Pathogens Primary refers to the submission of clinical specimens (serum, CSF) for testing at RISHL.
6	CDC Send Out is utilized for submission of specimens or isolates being forwarded to the Centers for Disease Control and Prevention (CDC) for specific testing. The CDC submission form is available from the Special Pathogens Laboratory (401-222-5586).
7	**Pre-approval is required from RIDOH Center for Acute Infectious Disease (401-222-2577) prior to submission of specimen.**

Further details on Toxicology Testing	
a	Cd,Hg,Pb
b	As,Ba,Be,Cd,Hg,Pb,Tl,U
c	1,2 Dichloroethane, Benzene, Carbon tetrachloride, Chloroform, Ethylbenzene, Styrene, Tetrachloroethlyene, Toluene, m/p-Xylene, o-Xylene
d	Any suspicion of exposure to chemical warfare agents or refined neurotoxins shall immediately be reported to the Chemical Threats laboratory. Pre-approval is required from the Chemical Threats laboratory (401 222-5606) prior to submission of specimens.

RIDOH State Health Laboratories
Phone: 401-222-5600 Fax: 401-222-6985

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