



Wyoming Public Health Laboratory

Combined Laboratories Facility
208 South College Drive

Cheyenne, WY 82002

UPS and FedEx use 82007

307.777.7431 FAX 307.777.6422



WPHL LAB USE ONLY

Submitter Information:

Name _____

Address _____

City/State/Zip _____

Telephone _____

Doctor _____

Patient Information or Patient ID Label

Last Name | | | | | | | | | | | | | | | | | | | | | |

First Name | | | | | | | | | | | | | | | | | | | | | |

Age _____ DOB _____ Female Male

Date Collected ____/____/____ Date of Onset ____/____/____

Convalescent Collection Date ____/____/____

Specimen Type

- | | | | |
|--------------------------------------|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Throat | <input type="checkbox"/> Sputum | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Serum | <input type="checkbox"/> Isolate | <input type="checkbox"/> Bronchial Wash | <input type="checkbox"/> Endocervical |
| <input type="checkbox"/> Oral Fluid | <input type="checkbox"/> Stool | <input type="checkbox"/> Tissue | <input type="checkbox"/> Urethral |
| <input type="checkbox"/> CSF | <input type="checkbox"/> Wound | <input type="checkbox"/> Nasopharyngeal | <input type="checkbox"/> Vaginal |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Food | <input type="checkbox"/> Rectal |

Test Request

Immune Status

- Mumps
- Rubella
- Rubeola
- Varicella

Hepatitis

- Hepatitis B Surface Antibody
- Hepatitis B Surface Antigen
- Hepatitis B Core IgM
- Hepatitis C
- Hepatitis A Total
- Hepatitis A IgM

STD

- HIV 1 & 2 Plus O
- RPR
- CT/GC

PCR

- Pertussis
- Norovirus

Culture/ID

- Rapid Strep Screen
- Bacterial Culture/ID _____
- Enteric Screen (FB)
- Salmonella Serotyping
- E. coli EHEC
- Ova & Parasites
- MRSA
- DRSP
- VRE
- TB Culture with Smear
- TB Identification
- Reportable Disease Isolate**

Miscellaneous

- West Nile Virus (WNV)
- Hanta Virus
- Other _____

EPI requested

<http://www.health.wyo.gov/phsd/lab/index.html>

Specimens Submitted for Reportable Diseases and Conditions

- Brucellosis** (*Brucella* spp.)
- Campylobacteriosis** (*Campylobacter* spp.)
- Cholera** (*Vibrio cholera*)
- Escherichia coli*, shiga toxin producing** (O157, non O157, or untyped)
- Glanders** (*Burkholderia mallei*)
- Haemophilus influenzae*** (sterile site)
- Listeriosis** (*Listeria monocytogenes*)
- Malaria** (*Plasmodium* spp.)
- Meloidiosis** (*Burkholderia pseudomallei*)
- Pertussis** (*Bordetella pertussis*)
- Salmonellosis** (*Salmonella* spp.)
- Shiga toxin** (stool, broth, isolate, etc.)
- Shigellosis** (*Shigella* spp.)
- Tuberculosis** (*Mycobacterium tuberculosis* complex)
- Typhoid Fever** (*Salmonella typhi*)
- Vancomycin Intermediate *Staphylococcus aureus*** (VISA)
- Vancomycin Resistant *Staphylococcus aureus*** (VRSA)
- Vibrio* spp.** (including non-cholera)
- Yersiniosis** (*Y. enterocolitica*, *Y. pseudotuberculosis*)

LAB USE ONLY

CALL/REJECTION LOG

- ID discrepancies
- No test request
- No collection date
- No requisition form
- No demographics
- Expired collection device

Date contacted _____ Person contacted _____ Initials _____