



Wyoming Public Health Laboratory
 Combined Laboratories Facility
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WPHL LAB USE ONLY

Submitter Information:

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____
 Provider _____
Diagnosis Code (ICD -10) _____
Medicaid # _____ **NPI #** _____
Taxonomy Code # _____

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"/> Whole Blood | <input type="checkbox"/> Wound | <input type="checkbox"/> Bronchial Wash | <input type="checkbox"/> Endocervical | <input type="checkbox"/> Food |
| <input type="checkbox"/> Serum | <input type="checkbox"/> Stool | <input type="checkbox"/> Nasopharyngeal | <input type="checkbox"/> Urethral | <input type="checkbox"/> Isolate |
| <input type="checkbox"/> Tissue | <input type="checkbox"/> Urine | <input type="checkbox"/> Pharyngeal | <input type="checkbox"/> Vaginal | (Specify source) _____ |
| <input type="checkbox"/> CSF | | <input type="checkbox"/> Sputum | <input type="checkbox"/> Rectal | <input type="checkbox"/> Other _____ |

Test Request

Immune Status

- Mumps
- Rubella
- Rubeola
- Varicella

Hepatitis

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

PCR

- Pertussis
- Norovirus
- Respiratory Panel (RP)

STD

- HIV Combo Ag/Ab
- RPR
- CT/GC

Culture/ID

- Bacterial Culture/ID _____
- Enteric Screen (FB)
- Salmonella Serotyping
- E. coli EHEC
- VRSA/VISA
- DRSP
- CRO
- TB Smear & Culture/ID
- Candida species ID

Miscellaneous

- West Nile Virus (WNV/SLE)
- Other _____

Next Generation Sequencing

- Reportable Disease Isolate** _____
 (Specify Organism)
- Test Requested by Epidemiology**
 Test Request By (Mandatory): _____