<table>
<thead>
<tr>
<th>Field</th>
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<tr>
<td><strong>SPECIMEN INFORMATION</strong></td>
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<tr>
<td>Date of Onset</td>
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<tr>
<td>Collection Date</td>
<td>MO  DAY  YR</td>
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<tr>
<td>Collection Time</td>
<td>__AM    (    ) __PM</td>
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<tr>
<td>Specimen Type/Source</td>
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<td>_07 BAL</td>
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<tr>
<td>_01 Blood</td>
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<td>_28 Bronchial wash</td>
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<td>_34 Fluid</td>
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<td>_23 Genital</td>
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<tr>
<td>_52 Nasopharyngeal Swab</td>
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<td>_60 Sinus</td>
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<tr>
<td>Agents/Organisms/or Virus suspected:</td>
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<tr>
<td>_Asymptomatic</td>
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<tr>
<td>_Encephalitis</td>
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<td>_Nausea/Vomiting</td>
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<tr>
<td>CLINICAL MICROBIOLOGY (BACTERIOLOGY)</td>
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<tr>
<td>_501 GC Culture &amp; ID</td>
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<td>_502 Culture/Isolate for</td>
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<td>_508 Enteric Culture</td>
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<td>Was culture incubated before Transport:</td>
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<td>SHIP ALL SPECIMENS FOR ISOLATION COLD</td>
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<td>_510 Non-Enteric Culture &amp; ID</td>
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<td>_511 Organism for ID- aerobic</td>
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<td>_512 Legionella Urine Antigen Test</td>
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<td>_513 BioFire FilmArray GI panel</td>
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<td>_515 CRE/CRPA/CRAB</td>
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<td>_R/O new TB case?</td>
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<tr>
<td>_Suspicious hx, s/sx?</td>
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<td>_Current Rx?</td>
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<td>_520 Rule-out Testing:</td>
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<td>_Influenza A: H5/H7</td>
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<td>_406 Cryptosporidium Antigen</td>
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INSTRUCTIONS FOR COMPLETING REQUEST FORM
DHEC 1335
(May use printed patient lab label)

1. Enter patient name.
2. Write M = Male; F = Female or TX = Transgender M2F (Male to Female); or TY = F2M (Female to Male) in Sex box.
3. Enter ethnicity as follows: H = Hispanic/Latino and N = NonHispanic/Latino.
4. Enter race as follows: A = Asian B = Black/African American
W = White I = American Indian/Alaskan Native
P = Native Hawaiian/ O = Other
Other Pacific Islander U = Unknown/Unclassified
5. Enter date of birth (month, day and year.) Example: enter 03/06/1960 for the birthday March 6, 1960.
6. Enter the patient address and five-digit zip code.
7. Enter county of residence and the 10-digit telephone number.
8. Fill in patient MCI ID number (DHEC Clients only).
9. Enter local and clinic ID if applicable. (Private clients must provide a clinic ID)
10. Enter Program number.
11. Enter Country of Birth.
12. Enter billing number if billing number is different from sender number.
13. Enter the Outbreak number.
14. Enter the date and time of collection and initial.
15. Check type/source of specimen.
16. Enter Ordering Physician, Provider and/or Nurse if applicable. Note: Please print.
17. Enter in the Special Instructions and/or comments where you vacated (travel history).
18. Enter Date of Onset if applicable.
19. List agents, organisms, or virus suspected.
20. Enter clinical diagnosis.
21. Check symptoms that apply.
22. Mark test requested.
23. Answer the four questions in Mycobacteriology Section.
24. Send top two copies of the form with the specimen(s) to the lab. PLEASE RETAIN THIRD COPY FOR YOUR RECORDS.