

**Illinois Department of Public Health
Division of Laboratories**

Communicable Diseases Laboratory Test Requisition

Please type or use indelible dark ink and print legibly.

SUBMITTER INFORMATION

Submitter Code

Submitter Name

For Laboratory use only
Lab. Specimen Number

Contact Person/ Clinician's Last Name

Telephone Number

PATIENT INFORMATION

Patient's Last Name

Patient's First Name

Patient's ID # (optional)

Medicaid Recipient ID #

Birthday (M/D/Y)

Age

Sex

- Male
- Female

Race

- White
- African American/ Black

- Native American
- Asian/Pacific Islander

- Other/Unknown

Ethnicity

- Hispanic
- Non-Hispanic

Address (Street Number, Name of Street)

Apartment/Suite Number

Telephone Number

City

State

ZIP Code

TEST REQUEST INFORMATION:

Date Collected (M/D/Y)

Date of Onset (M/D/Y)

Initials of Person

Initials of Person

Time Collected • AM

_____/_____/____ Completing Form _____ Collecting Specimen _____/____/____ • PM

TEST		SOURCE/ SPECIMEN TYPE		REASON
<ul style="list-style-type: none">• Arbovirus Panel• B. Strep (Gp A)• B. Strep (Gp B)• Bacillus sp.• Blood Parasites• C. perfringens Toxin• Cyclospora• Cryptosporidium• E. coli• Fecal Parasites• Fungus ID• GC Culture• Giardia• Herpes• Influenza• Leptospirosis	<ul style="list-style-type: none">• Measles IgG• Measles IgM• Mumps• MTB Smear, Cult, ID & Sens• MTB ID Only• MTB Sensitivity Only• MTD (Direct Test for MTB)• Pertussis• PSA• Respiratory Virus• Salmonella• Shigella• Staphylococcus aureus• Viral Isolation• Vz• Yeast ID• Other (Specify Below*)	<ul style="list-style-type: none">• Blood - Film• Blood - Serum• Blood - Whole• Body Fluid (Specify Below**)• Bronchial Washing• Fecal Swab• Genital Swab• Nasopharyngeal Swab• O&P Kit• Pharyngeal Swab• Rectal Swab• Referred/Isolated Culture• Serum - Acute• Serum - Convalescent• Skin• Smear• Spinal Fluid• Stool/Feces• Sputum	<ul style="list-style-type: none">• Tissue Culture Fluid• Tissue (Specify Below**)• Throat Swab• Urine• Vaginal Swab• Other (Specify Below**)• Other Swab (Specify Below**)	<ul style="list-style-type: none">• Carrier• Confirmation• Contact• Diagnosis• Foodborne Illness• Grouping• Immunity• Outbreak• Post Vaccination• Routine Screening• Symptomatic• Treatment• Typing• Quarantine Release• Other (Specify Below***)

***OTHER TEST**

*****REASON(S)**

****SOURCE**