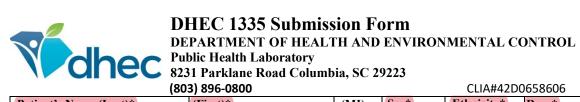
Fields with \* and red highlighting are required for testing.



**ALIGN BARCODE LABEL** TO TOP OF BOX

Patient's Name (Last)*		(First)*		(MI)	Sex*	Ethnicity*		* Race*			Date of Birth*				
			100	704 4	1.6			~ .		~					
Address*			•	City*	2	State*	Zip	Code <sup>3</sup>	*	Coun	ty o	f Residence*			
Phone Number Country of			Rirth	ımber			Local ID			Provider NPI					
Those Number Country of			Dir til			120	Local ID								
Sender No.	o. Sender Name				Bill	ling Nu	g Number   Pro		ogram No. Outbreak Numb			ber			
167 BEAUFORT MEMORIAL HOSPITAL: LAB					H00026										
Ondoning D	hysician, Provider a	Clinical I	Diagnosis												
Ordering 1	nysician, i rovider a	Cillical	Diagnosis												
Special Inst	Special Instructions and/or Comments:														
Special Final Metallo Million Comments															
Specimen Inform			nation	<b>Date of Onset</b>			Agents/Organis			ism	sms/or Virus Suspected				
Collection 1	Date:	Collect	ion Time:	□ AM											
□ PM □															
Specimen Type/Source															
			roat swab	☐ Ger	nital		Mycobacteriology Special Induced sputum					iens			
☐ Bronchial wash ☐ U						ab						-			
			ound pus draina	ge		☐ Tissue/Biopsy						aneous sputum			
☐ Smear (Do not mark for TB) ☐ B.				□ Oin	Other			'	_ 0.	1101_					
☐ Stool spe	ecimens	⊔ Na	ısal Swab												
				Svm	ptoms										
☐ Arthralgia/Myalgia ☐ Diarrhea							□М	eningit	is			Rash Type:			
☐ Asymptomatic					□ Nausea/Vomiting □ Respiratory										
☐ Conjunctivitis				Fever		☐ Pleurodynia						Other			
						_									
			~~.		equeste										
			Clinical Mici			logy/Pa	rasito	ology)							
	incubated before tra	•		24 hours $\Box$											
_	ecimen for Shiga tox		2 , 2							Legionella Urine Antigen					
☐ CRE/CRPA/CRAB☐ Candida ID						ID			□ Non-Enteric Culture and ID						
☐ Cryptosporidium Antigen			Ц	GC Culture a	IO ID			<ul><li>☐ Organism for ID-Aerobic</li><li>☐ Other</li></ul>							
11 1															
Mycobacteriology  Known TB case?   No. R/O new TB Case?   Ves   No. Susnicious by s/sv?   Ves   No. Current Rv?   Ves   No.															
Known TB case?       □ Yes       □ No       R/O new TB Case?       □ Yes       □ No       Suspicious hx, s/sx?       □ Yes       □ No       Current Rx?       □ Yes       □ No         □ Clinical Specimen for ID and Smear       □ Drug Susceptibility:       □ Specimen for Genotyping															
☐ Isolate for					⊔ Spe	cimen i	or Ge	noty	yping						
☐ Isolate for ID ☐ Blood Culture ☐ Clinical Specimen ☐ Referred Isolate  Virology															
□ BioFire Respiratory Panel (Outbreak Only) □ Herpes □ COVID RT-PCR □ Y N U □													U		
☐ Bordetella (BioFire)			,	☐ Measles	RT-PCR	First Te						Hospitalized?	+	.,	_
☐ GI Outbreak (Norovirus RT-PCR and/or Biofire G			Biofire GI panel)					healthcare?*			+	ICU?	+		
☐ Influenza RT-PCR In-patient Out-Patient				☐ Triople:		Employed		tic (CDC defined)?*			+	Pregnant?*	+		+
☐ QuantiFeron TB-Gold Plus Incubation Sta					Symptomatic							+		+	
☐ QuantiFeron TB-Gold Plus Incubation Start Time:  End Time:  Resident in a congregate care facility?*  Special Pathogens															
	Rule-out Testing	r Viral Pat						ical Testing							
☐ Bacterial Isolate ☐ Clinical Specimen			☐ Avian Influ	☐ Ebola	□ BMAT			AT	501	g	resting				
Suspect Agent:			□ MERS	☐ Other			□ Mal								