Maine Health and Environmental Testing Laboratory

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This form and others available for download or printing from our website**:** [**www.mainepublichealth.gov/lab/downloadable**](http://www.mainepublichealth.gov/lab/downloadable)**forms**

**(\*REQUIRED FIELDS)**

|  |  |  |
| --- | --- | --- |
| **\***Submitter Name/Address Submitter PhoneSubmitter Fax# | Hospital/Lab ID# | Physician Fax |
| Physician Name (**First/Last**) | Physician Practice/Affiliation |
| Physician Address and Phone | Physician NPI# |
| **\*Patient Name (\*Last, \*First, MI)****Is patient hospitalized?**  **Yes**  **No** | **\*Gender** M  F | **\*Specimen source** |
| Anal Bronch wash Buccal Cervical CSFEndocervical Labial Nasal/Nasal Wash  | Nasopharyngeal PenilePlasma RectalSerum SputumStool Throat | Urethral UrineVaginalVulva Whole bloodOther (specify) |
| **\*Date of Birth (mm/dd/yyyy)** |
| Symptom Onset Date | **\*Date of Collection (mm/dd/yyyy)** |

**Information highlighted above is required fo****r ALL test** **requests; Blood lead testing require****s additional fie****lds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*Patient Street Address** | **\*Apt#** | **\*City/Town** | **\*State** | **\*Zip Code** |
| Race* White
* American Indian or Alaskan Native
* Asian
* Black or African American
* Native Hawaiian/Pacific Islander
* Other
* Two or more races
 | Ethnicity* Hispanic or Latino
* Non-Hispanic/Non- Latino
 | MaineCare (if primary)MUST include copy of MaineCare Card, otherwise facility will be charged | **Blood Lead**Parent/Guardian Name |
| **Blood Lead – ONLY*** **Check only if patient has No Private Insurance Coverage AND No MaineCare Coverage**
 | **Blood Lead**Parent/Guardian Phone |

**BACTERIOLOGY**

* Chlamydia/Gonorrhea NAAT
* Campylobacter Identification
* Carbapenem resistance - Isolate only
* Enteric Pathogen Screen

(Salmonella, E. coli, Shigella, Campylobacter)

* Haemophilus influenzae serotyping
* Listeria Identification
* Neisseria meningitidis culture
* Neisseria meningitidis serotyping
* Neisseria meningitidis PCR - CSF only
* Salmonella Identification / serotyping
* Shiga Toxin / E. coli serotyping
* Shigella Identification / serotyping
* Vibrio Identification
* Bacterial Culture Identification Organism suspected:
* Rule out B. anthracis or other select agent: Please specify:

**MYCOBACTERIOLOGY**

* AFB Smear and Culture w/ Identification
* MTBC/MAC PCR (Requires TB Control Approval)
* Reference Culture Identification by 16S
* Susceptibility Send Out (Positives Only)

**VIROLOGY**

* Adenovirus RT-PCR
* Enterovirus RT-PCR
* Herpes simplex (HSV1/HSV2) RT-PCR
* Influenza A/B RT-PCR
* Mumps RT-PCR
* Norovirus RT-PCR
* Parainfluenza RT-PCR
* Rhinovirus RT-PCR
* RSV RT-PCR
* Rubeola (Measles) RT-PCR
* SARS-CoV-2 RT PCR
* Varicella/Herpes zoster RT-PCR (chicken pox/shingles)
* **Respiratory Panel by RT-PCR**  Includes: Adenovirus, Respiratory Enterovirus, Influenza A/B, Parainfluenza 1-4, RSV, Rhinovirus, and SARS-CoV-2
* **CSF Panel by RT-PCR** Includes: Enterovirus, HSV1, HSV2, VZV and Neisseria meningitidis screen

May be Reflexed to Arbovirus Panel. Requires 1.5mL of spinal fluid for testing.

**BLOOD LEAD**

* Venous
* Venous in microtainer
* Capillary
* **Symptomatic or Repeat Test**

**SEROLOGY**

* Arbovirus IgM Panel \*\*

(WNV, SLE, EEE for serum and CSF)

\*\*Requires arboviral submission form

* Hepatitis C IgG Antibody screen
* HIV-1/HIV-2 Antibody/Antigen screen *(Repeatedly reactive HIV screen will reflex to HIV Confirmation and be billed accordingly)*
* **Quantiferon-TB Gold Plus** - Serology
* RPR Syphilis screen
* Syphilis serum confirmation
* Syphilis VDRL, CSF only

**ARBOVIRUS**

* Bourbon County virus RT-PCR \*\*
* Chikungunya virus RT-PCR \*\*
* Dengue virus 1-4 RT-PCR \*\*
* Heartland virus RT-PCR \*\*
* Jamestown Canyon virus RT-PCR \*\*
* Powassan/Deer Tick virus RT-PCR \*\*
* Zika virus RT-PCR \*\*

\*\*Requires arboviral submission form

**ADDITIONAL INFORMATION**