

**Nebraska Public Health Laboratory**

SHIPPING ADDRESS:

Client Services  
Nebraska Public Health Laboratory  
4400 Emile Street, UT 3314  
Omaha, NE 68105



Phone: 402.559.2440 - Toll Free: 866.290.1406 - Fax: 402.559.9497

**NPHL Test Request Form**  
**ALL SHADED AREAS REQUIRED**

PATIENT LAST NAME		FIRST NAME		MI	COLLECTION DATE	TIME
						AM/PM
DOB		GENDER		PT. ID#/ ADDITIONAL INFO		PROVIDER
M F Pregnant: Yes No						(LAST, FIRST, MI) (NPI)
PATIENT ADDRESS				Submitted to NPHL by:		
APT				Account Number (call NPHL client services if unknown):		
CITY		STATE		Account Name:		
		ZIP		Address:		
PHONE NUMBER				City, State & Zip Code:		
RACE:		White Black American Indian		Phone Number:		Fax Number:
		Asian/Pacific Islander Unknown Other		Originating Laboratory or Clinic:		
ETHNICITY:				Name:		
Hispanic Non-Hispanic Unknown				City and Phone Number:		
Clinical Diagnosis/Etiology Agent:				Email Address:		
Date of Onset:		Recent Travel: No Yes, Specify Below		<b>Below tests require approval from your Local Health Department or the State</b>		
State/Country:		Travel Dates:		<b>Epidemiology Program before submission</b>		
Source:		Blood Bronchial Aspirate Cervical Serum		Visit <a href="http://dhhs.ne.gov">http://dhhs.ne.gov</a> for a complete listing of health departments & contact information.		
		CSF Nasopharyngeal Rectal Wound		Test approved by: Date:		
		Sputum Stool Throat		Date of approval:		
		Urethral Urine Vaginal		Collected by: Phone #		
Other: _____ (Specify)						
<b>REPORTABLE CONFIRMED ORGANISM/BANK ONLY</b>				<b>BACTERIOLOGY/GENERAL</b>		
Shiga toxin positive E. coli		(NPHLBK)		Bordetella pertussis culture (BPRT)		
Haemophilus influenzae (sterile site only)		(NPHLBK)		Legionella spp culture (LEGCU)		
Listeria monocytogenes		(NPHLBK)		<b>MYCOLOGY</b>		
Legionella pneumophila		(NPHLBK)		Identification from isolate (FUNID)		
Salmonella List Serogroup (if known): _____		(NPHLBK)		<b>PARASITOLOGY</b>		
Shigella spp. not sonnei List Species: _____		(NPHLBK)		Ectoparasite ID (Indicate Source) (ECTO)		
Streptococcus pneumoniae (sterile site only)		(NPHLBK)		Bedbug Lice Tick Worm Other:		
Vibrio spp. List Species: _____		(NPHLBK)		<b>MOLECULAR</b>		
Yersinia ssp. List Species: _____		(NPHLBK)		Measles Virus PCR (CDCSO)		
<b>CONFIRMATION IDENTIFICATION FROM ISOLATE</b>				Mumps Virus PCR (CDCSO)		
Candida auris		(ORGCU)		Norovirus RNA (stool) (NVOBD)		
Shiga toxin positive E.coli		(HECCU)		Gastrointestinal Panel (GIP)		
<b>SEROTYPING/SEROGROUPING ISOLATE</b>				Meningitis/Encephalitis Panel (MEEP)		
Neisseria meningitidis (sterile sites only)		(BNK)		Respiratory Pathogen Panel (RESPP)		
<b>STOOL POSITIVE FOR GI PATHOGEN BY PCR (NAAT) OR EIA</b>				<b>SEROLOGY</b>		
Provide test method used to detect positive:				Measles (Rubeola) virus IgG (MEAT)		
Cryptosporidium (NPHLBK)		Salmonella (ORGSS)		Measles virus IgM (SPPRB)		
Cyclospora (NPHLBK)		Yersinia (ORGISO)		Mumps virus IgG (MUMPG)		
Vibrio (ORGISO)		Shiga toxin positive E.coli (HECCU)		Mumps virus IgM (MUMPM)		
<b>Do not send in formalin-SAF, PVA, Prototfix</b>				West Nile virus IgG*/IgM* Serum *CSF (WNSER/WNCFSF)		
<b>ANTIBIOTIC RESISTANCE CONFIRMATION/SCREEN</b>				<b>*If immunosuppressed, please also order West Nile PCR (WNLPCR)</b>		
CRE or Presumptive CPE**		(MCIMAR)		<b>MYOBACTERIUM TUBERCULOSIS (MTB)</b>		
VISA/VRSA		(ORGCU)		<b>** See MTB Supplemental Form for available tests and order codes **</b>		
<b>** CRE/CPE Supplemental Form Required**</b>				Additional Testing/Comments/Other:		
<b>RESPIRATORY MOLECULAR DIAGNOSTICS</b>						
SARS CoV-2		(NCOVFL)				
SARS - CoV-2/Influenza A and B/RSV		(NCOV4)				
<b>SUSPECT BT ORGANISM/HIGH CONSEQUENCE INFECTIOUS DISEASE</b>						
Page 402.888.5588 prior to referral. Include all biochemical results						
Bacillus spp.		(BTID)				
Brucella spp.		(BTID)				
Burkholderia spp.		(BTID)				
Francisella spp.		(BTID)				
Orthopoxviruses		(BTID)				
Yersinia spp.		(BTID)				
MPOX		(MPOX)				
OTHER:						