

Nebraska Public Health Laboratory

SHIPPING ADDRESS:
Client Services
Nebraska Public Health Laboratory
4400 Emile Streee, MSB 3500
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 |
| MM/DD/YYYY | | 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 | ZIP | Account Name: | | | |
| | | | | Address: | | | |
| PHONE NUMBER | | | | City, State & Zip Code: | | | |
| RACE: | | White | Black | American Indian | | Phone Number: | |
| | | Asian/Pacific Islander | Unknown | Other | | Fax Number: | |
| ETHNICITY: | | Hispanic | Non-Hispanic | Unknown | | Originating Laboratory or Clinic: | |
| | | | | Name: | | | |
| Clinical Diagnosis/Etiology Agent: | | | | City and Phone Number: | | | |
| Date of Onset: | | Recent Travel: | No | Yes, Specify Below | | Email Address: | |
| State/Country: | | Travel Dates: | | Below tests require approval from your Local Health Department or the State Epidemiology Program before submission Visit http://dhhs.ne.gov for a complete listing of health departments & contact information. | | | |
| Source: | Blood | Bronchial Aspirate | Cervical | Serum | | | |
| | CSF | Nasopharyngeal | Rectal | | | | |
| | Sputum | Stool | Throat | | | | |
| | Urethral | Urine | Vagina | | | | |
| | Other: _____ (Specify) | | Wound | | | | |
| REPORTABLE CONFIRMED ORGANISM/BANK ONLY | | | | BACTERIOLOGY/GENERAL | | | |
| Shiga toxin positive E. coli | | (NPHLBK) | | Bordetella pertussis culture | | (BPERT) | |
| Haemophilus influenzae (sterile site only) | | (NPHLBK) | | Legionella spp culture | | (LEGCU) | |
| Listeria monocytogenes | | (NPHLBK) | | MYCOLOGY | | | |
| Legionella pneumophila | | (NPHLBK) | | Identification from isolate | | | |
| Salmonella List Serogroup (if known): _____ | | (NPHLBK) | | PARASITOLOGY | | | |
| Shigella spp. not sonneii List Species: _____ | | (NPHLBK) | | Ectoparasite ID (Indicate Source) | | | |
| Streptococcus pneumoniae (sterile site only) | | (NPHLBK) | | Bedbug Lice Tick Worm Other: | | | |
| Vibrio spp. List Species: _____ | | (NPHLBK) | | MOLECULAR | | | |
| Yersinia ssp. List Species: _____ | | (NPHLBK) | | Measles Virus PCR | | (CDCSO) | |
| CONFIRMATION IDENTIFICATION FROM ISOLATE | | | | Mumps Virus PCR | | (CDCSO) | |
| Candida auris | | (ORGCU) | | Norovirus RNA (stool) | | (NVOBD) | |
| Shiga toxin positive E.coli | | (HECCU) | | Gastrointestinal Panel | | | |
| SEROTYPING/SEROGROUPING ISOLATE | | | | Meningitis/Encephalitis Panel | | (MEEP) | |
| Neisseria meningitidis (sterile sites only) | | (BNK) | | Respiratory Pathogen Panel | | | |
| STOOL POSITIVE FOR GI PATHOGEN BY PCR (NAAT) OR EIA | | | | SEROLOGY | | | |
| 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) |
| Do not send in formalin-SAF, PVA, Prototfix | | | | West Nile virus IgG*/IgM* | | Serum | *CSF (WNSER/WNCFSF) |
| ANTIBIOTIC RESISTANCE CONFIRMATION/SCREEN | | | | *If immunosuppressed, please also order West Nile PCR (WNLPCR) | | | |
| CRE or Presumptive CPE** | | (CARBAR) | | MYOBACTERIUM TUBERCULOSIS (MTB) | | | |
| VISA/VRSA | | (ORGCU) | | ** See MTB Supplemental Form for available tests and order codes ** | | | |
| ** CRE/CPE Supplemental Form Required** | | | | Additional Testing/Comments/Other: | | | |
| RESPIRATORY MOLECULAR DIAGNOSTICS | | | | | | | |
| SARS - CoV-2/Influenza A and B/RSV | | (NCOV4) | | | | | |
| SUSPECT BT ORGANISM/HIGH CONSEQUENCE INFECTIOUS DISEASE | | | | | | | |
| 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: | | | | | | | |