

# Microbiology Requisition H-445

City of Milwaukee Health Department Laboratory

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email: mhdlab@milwaukee.gov web: [milwaukee.gov/healthlab](http://milwaukee.gov/healthlab)

Only one specimen per form.

Please refer to Test Reference Manual and Fee Schedule for more information:

[milwaukee.gov/health/testing-Fees](http://milwaukee.gov/health/testing-Fees)

## PATIENT INFORMATION (required)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Gender:  M  F  M→F  F→M  Other

Race:  White  Black  American Indian/Alaska Native  
 Native Hawaiian and Other Pacific Islander  Asian  Unknown

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  Unknown

## SPECIMEN TYPE

Check appropriate specimen and fill in requested information.

Body Fluid Specify: \_\_\_\_\_

Bronchial wash

Lesion

Wound Specify: \_\_\_\_\_

Sputum

Stool

Respiratory Swab Specify: \_\_\_\_\_

STI Swab (Genital) Specify: \_\_\_\_\_

Patient-collect

STI Swab (Non-Genital) Specify: \_\_\_\_\_

Patient-collect

Tissue Specify: \_\_\_\_\_

Urine

Other Specify: \_\_\_\_\_

Date Collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
mm dd yyyy

Specimen ID# \_\_\_\_\_

## TEST(S) REQUESTED *Check all that apply.*

### Bacteriology (Culture)

- Chlamydia sp
- Legionella pneumophila
- Mycoplasma hominis
- Ureaplasma urealyticum
- Neisseria gonorrhoeae w/AST
- Enteric Pathogens
  - Campylobacter
  - Escherichia coli O157:H7
  - Salmonella
  - Shigella
  - Yersinia enterocolitica

### Clinical/Referred Isolate for ID

- Bacterial  Fungal

Suspect agent: \_\_\_\_\_

### Rule out

- Mpox
- B. Anthracis

### Parasitology

- Acanthamoeba
  - Cryptosporidium & Giardia
  - Cyclospora
  - Cystoisospora (Isospora)
  - Microsporidia
  - Ova & Parasite Exam
- Suspect agent: \_\_\_\_\_

### Serology

- EIA**
  - HIV 1/2
  - Measles IgG
  - Mumps IgG
  - Shiga Toxin
  - Syphilis w/reflex RPR, TPPA
    - RPR (titer)  TPPA (only)

### DNA Sequencing:

- Bacterial ID
- Fungal ID

### Molecular Testing

- Chlamydia/Gonorrhea Combo NAAT
- Herpes Simplex Virus 1/2
- Mycoplasma genitalium NAAT
- Trichomonas vaginalis NAAT
  
- Bordetella pertussis/parapertussis
- Enterovirus
- Legionella pneumophila
- Mycobacterium tuberculosis/RIF
- Respiratory Pathogen Panel
- Influenza A/B
- SARS-CoV-2
- SARS-CoV-2/Influenza A/B Combo
  
- Gastrointestinal Pathogen Panel
- Measles
- Mumps
- Norovirus (GI & GII)
- Varicella Zoster Virus
- Orthopox (Virus)
- Other: \_\_\_\_\_

\*\* Please contact the lab for Select Agent rule-out confirmation. \*\*

## PATIENT HISTORY/CLINICAL INFO

Clinical Diagnosis: \_\_\_\_\_

Date of onset: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

- Disease Determination  Other outbreak-related
- Surveillance

## SURRG USE ONLY

- Test of cure
- Contact to:  STI  GC
- Urethral discharge:  MSM  MSW
- Extra genital collection based on reported sexual activity
- NAAT + GC/Treatment
- Gender of sex partner(s):  Male  Female  Both

## YOUR FACILITY *Enter your facility address. Results are returned to this address.*

Facility Name: \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*For internal use only*