ENTERIC BACTERIOLOGY (ENTEROBACTERALES)

Lab Use Only

☐ **Acceptance Criteria Not Met**
- ☐ Inappropriate temperature
- ☐ Specimen too old
- ☐ Incomplete labeling/form
- ☐ Specimen inappropriate/damaged

Date: ___/___/_____ Initials:_____

N.C. Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive ● P.O. Box 28047
Raleigh, NC 27611-8047

Please Give All Information Requested *Attach Printed Label Below*

Patient Information

Last Name				
First Name		MI		
Maiden Name/Surname				
Address/Attention:				
Street Address:			Address 2:	City:
State:	Zip Code:	County Code:	County Name:	Phone Number:
Insurance ID Number: (if applicable) _____			Medicaid Number (if applicable): __ __ __ __ __ __ __ __ __ __	
Medical Record Number:			Date of Birth: ____ / ____ / _____	

Sex:
- ◯ Male
- ◯ Female
- ◯ Unknown
- ◯ Ambiguous
- ◯ Transgender M2F
- ◯ Transgender F2M
- ◯ Transgender Unknown

Race (mark all that apply):
- ☐ White
- ☐ Black
- ☐ Asian
- ☐ Unknown
- ☐ American Indian/ Alaska Native
- ☐ Native Hawaiian/ Pacific Isles

Ethnicity:
- ☐ Hispanic or Latino Origin
- ☐ Non-Hispanic
- ☐ Unknown

Submitter

EIN: __ __ __ __ __ __ __ __ __ - __ __	Submitter (Facility) Name:	
Address:	Address 2:	City:
State:	Zip Code:	County Name:
Phone Number:	Email Address:	Fax Number:
Ordering Provider NPI:	Ordering Provider First and Last Name:	

Specimen

Collection Date: __/__/____ Collection Time: ____:____ 24 Hr Time

Reason for Testing (ICD-10 Dx Code): __ __ __ __ __ __ __

Specimen Type:
- ☐ Reference isolate
- ☐ Clinical (primary patient specimen for culture)
  - CIDT (culture-independent diagnostic test) ☐ Yes ☐ No

Specimen Source:
- ☐ Stool ☐ Rectal Swab ☐ Blood ☐ Urine
- ☐ Wound Site: _____
- ☐ Other: _____

CIDT additional information:

Please attach copy of CIDT report and identify method used below:
- ☐ BioFire®
- ☐ BD MAX®
- ☐ Luminex xTAG®
- ☐ LDT (lab developed test)
- ☐ Verigene®
- ☐ Other_____

Microbiology Test request/ Pathogen(s) identified:
- ☐ Enteric pathogens (includes all below)
  - ☐ Aeromonas only
  - ☐ Campylobacter only
  - ☐ E. coli 0157/ STEC only
  - ☐ Salmonella only
  - ☐ Shigella only
  - ☐ Yersinia only
  - ☐ Vibrio only

Unusual reference isolate identification
- ☐ Glucose fermenting Gram-negative rod

Molecular Test request/ Pathogen(s) identified:
- ☐ CRE (surveillance)
- ☐ Norovirus (outbreak-associated)

Epi

Please complete if applicable:
Foreign or domestic travel? Where? _____
Suspect foodborne? Food handler? _____
Daycare?_____