



For RIDH use only

RHODE ISLAND HEALTH LABORATORIOS
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Web Site: www.health.state.ri.us

Client Number



1123775

INSTRUCTIONS

Print capital letters and numbers completely inside boxes: [A][2][C][3]. Print firmly and neatly with a blue or black pen. Read instructions on the back of the form. Please complete ALL items on this form.

PATIENT INFORMATION

Last Name:
First Name: MI:
Street Address:
City, State, Zip:
SSN:
Sex (M or F):
Date of Birth (MMDDYYYY):

Phone:
Chart/ID #:
For Lead and STDs only
Ethnicity: Race: Language:
Parent's Full Name:
Signed:
Date:
Patients or authorized person's signature
I authorize the release of any medical information necessary to process an insurance claim and authorize the signature to be used when billing my insurer.

Laboratory Test Requested

Print Full Name of Ordering Medical Provider
State-Medical License #:
To Whose Attention Should this Report be Sent? (full name): ID #:
Duplicate Report Requested? Yes - Send To (full name): State-Medical License #:
Specimen Collection Date (MMDDYYYY): Source of Specimen: (use letter codes on back)

Serology Laboratory Tests

Microbiology Laboratory Tests

- 1. Chlamydia/Gonorrhoeae (cervical swab)
2. Chlamydia/Gonorrhoeae (urethral swab)
3. Rubella IgG
4. Syphilis Serology - RPR
5. Syphilis Serology - FTA-ABS
6. VDRL-Spinal
7. Arbovirus
8.
9.

- 20. AFB Smear/Culture
21. AFB Isolate*
22. Cyclospora Screen
23. Cryptosporidium Antigen
24. E.histoytica Antigen
25. Enteric Pathogen Screen
26. Enteric Pathogen Isolate*
27. Giardia Antigen
28. Gonorrhoeae Culture
29. Group A Strep. Screen
30. O&P (one form per specimen)
31. Pertussis DFA & Culture
32. Pinworm Screen
33. Reference Micro. Primary*
34. Reference Micro. Isolate*
35.
36.

Biochemistry Laboratory Tests

- 41. Lead, Screen(Fingerstick)
42. Lead, Screen (Venous)
43. Lead, Diagnostic (Venous only) *
* SEE BACK OF FORM

Comments:

Insurance Information

1123775 1123775

Diagnosis ICD-9 Code:

1123775 1123775

Insurance Type: Relationship to Insured: Self Child Other Spouse

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Insured's Name:

Insurance Company and Group Number:

Insurance Co. Address:

City, State, Zip:

FOR RIDH USE ONLY



WHITE: STATE LAB COPY

BLUE: OFFICE USE

YELLOW: SUBMITTER COPY

Ver: 2000-1a

INSTRUCTIONS FOR CLINICAL SPECIMEN SUBMISSION FORM

- Please complete all items of this form. Peel and place bar code # on tube(s) lengthwise.
- This form may be used to submit multiple specimens on the same patient, except for Microbiology Testing.
- ~~All Microbiology specimens~~ require a form.
- Specimens submitted for Microbiology testing **must** indicate the source of the specimen. Use one form per source.
- **Do not** use this form for HIV testing.
- When requesting results, refer to the bar-coded number in the upper right hand corner of this form.

Patient Information

Lead and STDs:

Ethnicity, Race and Language codes **must** be completed.

Ethnicity

1. Unknown
2. Hispanic/Latino
3. Portuguese
4. None of the Above

Race

- A. Unknown/Refused
- B. White
- C. Black or African-American
- D. American Indian (including South and Central America)
- E. Native Hawaiian/Pacific Islander
- F. Laotian
- G. Cambodian
- H. Hmong
- I. Other Asian
- J. Other

Language

00. unknown
01. Cambodian
02. Cape Verdean
03. English
04. French
05. Hmong
06. Laotian
07. Portuguese
08. Russian
09. Spanish
10. Vietnamese

Microbiology Isolates:

A list of organisms mandated by State Law /Regulation to be sent to RIDOH Lab is available (Refer to reporting and service manual). Isolates are pure cultures being submitted for identification, confirmation or further studies.

1. Enteric isolates include: Salmonella sp., Shigella sp., Vibrio sp., Campylobacter sp., Yersinia sp., E.Coli 0157:H7, Aeromonas sp., Plesiomonas sp. (submit using number 26 as test request).
2. Gonorrhoeae Isolate is for Neisseria Gonorrhoeae only (submit using number 28 as test request).
3. All other isolates, except AFB (Mycobacterium sp.) are to be submitted as Reference Microbiology isolates (submit using number 34 as test request). For AFB, use number 21 as test request.
4. Pertussis DFA and culture (left and right nasopharyngeal swabs, consider as one specimen).

Diagnostic Lead Test; requires a venipuncture specimen for the purpose of confirming childhood lead poisoning:

1. In a child with a previously elevated lead level, OR
2. In a child showing signs or symptoms of lead poisoning, OR
3. In a child suspected of having sustained a significant lead exposure.

- P. Bill Patient
- C. Bill Client

Insurance Type

- U. Uninsured
- R. Bill Insurance Co. (for Rite Care patients)

Specify Insurance Co.

REFERENCE MICRO PRIMARY is for use when submitting clinical specimens (ex. serum, CSF, blood smears) for reference testing or submission to the Centers for Disease Control and Prevention.

Microbiological Specimen Sources

- | | | | |
|------------------------------|----------------------------|--------------------------|---|
| a. Abscess | l. Left Lung Washing | w. Right Lower Lobe | hh. Throat |
| b. Ascites Fluid | m. Left Upper Lobe | x. Right Lung Washing | ii. Tick |
| c. Blood | n. Lymph Node | y. Right Middle Lobe | jj. Tissue |
| d. Bone Marrow | o. Nares | z. Right Upper Lobe | kk. Urethra |
| e. Bronchial Washing | p. Nasopharynx | aa. Serum (acute) | ll. Urine |
| f. Cerebrospinal Fluid (CSF) | q. Paracentesis Fluid | bb. Serum (convalescent) | mm. Wound |
| g. Cervix | r. Pericardial Fluid | cc. Skin Tissue | nn. Vagina |
| h. Eye | s. Peritoneal Fluid | dd. Sputum | oo. Other (write source on comment line) |
| i. Gastric Aspirate | t. Pinworm Slide Prep. | ee. Stool | pp. Rectum |
| j. Left Bronchial Washing | u. Pleural Fluid | ff. Synovial Fluid | |
| k. Left Lower Lobe | v. Right Bronchial Washing | gg. Thoracentesis Fluid | |

Partial Listing of ICD-9 Diagnosis Codes

- | | | |
|--|---|---|
| 031.9 Acidfast Bacillus | 460 Nasopharyngitis Cough, General | |
| 099.9 Chlamydia Infection, Urogenital | 136.9 Parasitic/Infectious, Unspecified | V74.5 Syphilis & Gonorrhea & Chlamydia Screen |
| 558.9 Diarrhea/Gastroenteritis (stool) | 614.9 Pelvic Inflammatory Disease | |
| 098.0 Gonorrhea Infection, Urogenital | 462 Pharyngitis/Sore Throat | 011.2 TB |
| 280.9 Iron Deficiency Anemia | V22.1 Prenatal | 478.29 Throat Infection |
| 984.9 Lead Poisoning | 782.1 Rash | 463 Tonsillitis |
| V82.5 Lead Screening | 056.9 Rubella (German Measles-Roseola) | 616.10 Vaginitis |
| 088.81 Lyme Disease | V73.3 Rubella Screen | 099.9 Venereal Disease |
| 055.9 Measles | 034.0 Sore Throat, Strep | V82.9 Unspecified Condition |
| | | 599.0 Urinary Tract Infection, site not specified |