Connecticut Department of Public Health Laboratory
MICROBIOLOGY TESTING SERVICES

To authorize testing and assure the reporting of significant results, complete the two boxes below. No phone report will be made without a phone number.

<table>
<thead>
<tr>
<th>PHYSICIAN/CONTACT:</th>
<th>PHONE NO.:</th>
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**Patient Information**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Pt. ID no.</th>
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<tr>
<th>Address No. and Street</th>
<th>Town/State</th>
<th>ZIP</th>
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<tr>
<th>Date of Birth</th>
<th>Sex:</th>
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<tr>
<td>/ /</td>
<td>☐ M</td>
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**Specimen Information**

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<tr>
<th>Source/Site:</th>
<th>Date of Collection: / /</th>
<th>Comments:</th>
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**Bacteriology**

- 307M ☐ Chlamydia & gonorrhea probe
- 302M ☐ Gonorrhea culture
- 320M ☐ Pertussis culture and DFA
- 200M ☐ Shiga-toxin positive broth
- 201M ☐ Stool culture

**Bacteriology – Isolates referred for identification**

- 356M ☐ Aerobic isolate for ID
- 205M ☐ Isolate for EIP; specify agent
- 202M ☐ Stool isolate for ID; specify

**Parasitology**

- 295M ☐ Parasite for gross ID
- 285M ☐ Smears for blood parasites
- 275M ☐ Stool for O&P
- 180M ☐ Toxoplasma IgG
- 276M ☐ Other parasite serology; specify

**Mycobacteriology / Mycology**

- 400M ☐ Specimen for mycobacterial culture
- 404M ☐ Mycobacterial isolate for ID
- 466M ☐ Fungal serology; specify agent

**Viral Culture**

- 180V ☐ Specimen for culture; isolate for ID
- 178V ☐ Herpes simplex culture
- 187V ☐ HSV Typing Requested
- 181V ☐ Influenza surveillance (seasonal)
- 145V ☐ Rotavirus

**Viral Serology**

- 221V ☐ Arbovirus panel

**Tests for immune status**

- 131V ☐ Cytomegalovirus IgG
- 133V ☐ Herpes simplex
- 139V ☐ Measles IgG
- 137V ☐ Mumps
- 110V ☐ Rabies
- 224V ☐ Rubella IgG
- 135V ☐ Varicella-zoster

**Note:** Superscript numbers indicate explanations on back of form.

☐ Test, agent, or disease not listed; specify:

☐ Test requested by Epidemiology Division or other special study; please indicate agent, disease, or syndrome:
Connecticut Department of Public Health Laboratory  
P.O. Box 1689; 10 Clinton Street, Hartford, CT  06144  
John Fontana, Ph.D., HCLD, (ABB), Director  860-509-8500

**Information on tests.** Expository information for individual tests is listed below under the organizational unit responsible for testing. More complete information on tests, specimen collection and handling, etc., can be found in the Biological Sciences Section Directory of Services, available by calling 860-509-8505.

**Required submissions.** Certain organisms are required by the Conn. Public Health Code to be submitted for confirmation. Most are listed below. For a more complete listing, refer to Laboratory Reportable Significant Findings. For information or copies of the list, call the Epidemiology Division at 860-509-7994.

**Required information.** The areas outlined in blue on the front indicate information required for testing or interpreting test results. Certain tests require other information; this is indicated where appropriate under the testing units listed below. Please note that the DPH Laboratory QA program requires that all necessary information be provided with submitted specimens before test results are reported.

**Collection kits:** provided free of charge; call 860-509-8501.

**Bacterial Serology / Hepatitis / HIV (860-509-8567).**

1. **Hepatitis B testing:** done in this unit.
2. **HIV:** A completed informed consent form must accompany all primary specimens submitted for HIV tests.
   - **Serum:** Please submit 12X100 mm Vacutainer serum separator tubes with at least 1.5 inches of blood and gel.
   - **Dried blood spot:** Saturate at least three circles with blood; dry flat at least 4 hrs. before placing in zip-lock bag.
   - **Orasure:** Specimens must be tested within 21 days of collection.
   - **STARHS Referral:** submit at least 0.5 ml remnant serum.
3. **Syphilis:** Submitted specimen will be tested by the VDRL slide test. If this test is reactive, a quantitative VDRL and confirmatory testing will be done. If testing is for monitoring treatment, please indicate “VDRL only” in the “Comments” box.
4. **Syphilis – spinal fluid:** Specimens of cerebrospinal fluid must be clear and free of red blood cells.
5. **Syphilis – confirmation:** Screening (VDRL) and confirmatory testing will be done. There will be no charge for the VDRL when this test is ordered.

**Enteric Bacteriology / EIP / Parasitology (860-509-8570).**

The patient’s address is required for all specimens submitted to this unit.

6. **Isolate for EIP** (Emerging Infections Program): This is a CDC-funded program to study the epidemiology of several common pathogens isolated from systemic illness or normally sterile sites. Agents required to be submitted for this program include: Haemophilus influenzae, Listeria monocytogenes, Neisseria meningitidis, Streptococcus pneumoniae, MRSA, vancomycin-resistant Staphylococcus aureus; and vancomycin-resistant Staph. epidermidis.

7. **Shiga-toxin positive cultures:** Submit broth cultures.
8. **Stool culture:** Stool specimens are routinely cultured for *Salmonella*, *Shigella*, *Campylobacter* and *E. coli* O157. Other agents, e.g., *Vibrio*, can be cultured on request.
9. **Stool isolate for ID:** All strains of *Salmonella* sp., and *Shigella* sp., are required by statute to be submitted for confirmation and serotyping. *E. coli* O157 and *E.coli* that produce shiga-like toxins are also required.

**Chlamydia / Gonorrhea / Pertussis (860-509-8578).**

10. Urine specimens must be tested within 14 days of collection. Endocervical and urethral swabs must be tested within 7 days of collection.
11. Pertussis (culture and DFA) and gonorrhea culture are done in this unit. Clients must provide appropriate media for Gonorrhea culture.

**Mycobacteriology / Mycology (860-509-8573).**

**Virology (860-509-8553).**

**Viral test panels:** The following panels are offered because signs and symptoms of many viral illnesses are not sufficiently distinctive to warrant testing for individual agents. If titers to individual agents are required, please specify agent(s).

12. **Arbovirus panel:** California, Eastern Equine, St. Louis, and Western Equine encephalitis viruses.
13. **Comprehensive viral panel:** Respiratory and exanthem panels.
14. **Encephalitis panel:** West Nile virus, Arbovirus, Jamestown Canyon, CMV, HSV, and VZV.
15. **Enteroviruses:** Enteroviruses for which serology is available are listed as follows with typical syndromes: Coxsackie B1 – B6 (pool) – myocarditis, pleurodynia;

**Polio Group**

When ordering, specify at the bottom of the form.

16. **Exanthem/immune status panel:** CMV, HSV, measles, mumps, VZV.
17. **Respiratory panel:** Influenza A & B, adenovirus, mycoplasma, RSV, and parainfluenza types 1 – 3.
18. **TORCH panel:** Toxoplasma IgG/IgM, rubella IgG/IgM, CMV IgG/IgM, HSV
19. **Bartonellosis (Cat-scratch disease):** Done in this unit.
20. **Influenza surveillance:** This testing is offered free seasonally, generally October through March.
21. **Toxoplasma serology:** Done in this unit. IgM testing is also available.
22. **Immune status:** IgM testing is available for CMV, measles, and rubella.