

ANTIMICROBIAL RESISTANCE LABORATORY TEST REQUEST FORM

UTAH PUBLIC HEALTH LABORATORY Email: ARLNUtah@utah.gov 4431 SOUTH 2700 WEST TAYLORSVILLE, UTAH 84129 TELEPHONE: (801) 965-2400 FAX: (801) 536-0473 Website: https://uphl.utah.gov/	FOR UPHL USE ONLY DATE STAMP	LAB#
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PLEASE PRINT CLEARLY AND FILL OUT AS COMPLETELY AS POSSIBLE.

PATIENT INFORMATION:					
PATIENT STATE OF RESIDENCE (Required)	PATIENT COUNTY OF RESIDENCE	ZIP CODE	DATE OF BIRTH (Required) (mm/dd/yyyy) ____/____/____	AGE	SEX (Required) [] M [] F [] U

LAST NAME (Required)	FIRST NAME (Required)	MIDDLE INITIAL	PATIENT ID #
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Submitter Name: Submitter Telephone #: Submitter Code: (Required)	Collection Facility (if known) otherwise Submitting Facility (Required) Facility Name: _____ Facility Address: _____ Provider Telephone #: _____ Secure Fax #: _____	SPECIMEN COLLECTION DATE AND TIME (Required) (mm/dd/yy) ____/____/____ Time: _____
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SPECIMEN SOURCE/SITE (CHOOSE 1): (Required)

<input type="checkbox"/> Biopsy (site): _____	<input type="checkbox"/> (Endo)tracheal aspirate/wash	<input type="checkbox"/> Stool
<input type="checkbox"/> Blood	<input type="checkbox"/> Lesion (site): _____	<input type="checkbox"/> Swab (site): _____
<input type="checkbox"/> Body Fluid (specify): _____	<input type="checkbox"/> Nasal (aspirate /swab / wash)	<input type="checkbox"/> Tissue (specify): _____
<input type="checkbox"/> Bronchoalveolar lavage	<input type="checkbox"/> Nasopharyngeal swab	<input type="checkbox"/> Urine
<input type="checkbox"/> Bronchial aspirate/wash	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Wound/Abscess (site): _____
<input type="checkbox"/> Cerebrospinal Fluid	<input type="checkbox"/> Sputum (natural / induced)	<input type="checkbox"/> Other (specify): _____

TEST REQUESTED (Required)

Isolate Specimen (colonization screening only)

Name of Organism: _____

Carbapenem-resistant Enterobacterales (CRE)

Carbapenem-resistant Pseudomonas aeruginosa (CRPA): ***Please attach AST results**

Carbapenem-resistant Acinetobacter (CRAB): ***Please attach AST results**

Phenotype Carbapenemase Test Results (if performed): mCIM CIM Carba NP Other: _____

Negative
 Positive
 Indeterminate

Molecular Carbapenemase Test Results (if performed): Cepheid Carba-R Verigene Biofire Other: _____

Negative
 Positive

If positive select one: KPC NDM VIM IMP OXA-48-like OXA-23-like OXA-24/40-like OXA-58-like OXA-235-like

Other: _____

Expanded Antibiotic Testing for Enterobacterales *Testing requires prior approval (ARLNUtah@utah.gov)

Carbapenem Resistant Organism Colonization Screening *Testing requires prior approval (ARLNUtah@utah.gov)

CRE/CRPA CRAB Suspected mechanism/organism _____ (example OXA_23)

Candida Identification

Candida AFST

Candida auris Colonization Screening

WGS *Testing requires prior approval (ARLNUtah@utah.gov)

COMMENTS: