**INFECTION DISEASE TEST REQUEST FORM**

**UTAH PUBLIC HEALTH LABORATORY**

**FOR UPHL USE ONLY**

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**Provider**

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**Patient Information**

- **Patient State of Residence**
- **Patient County of Residence**
- **ZIP Code**
- **Date of Birth** (mm/dd/yyyy)
- **Age**
- **Sex** M/F

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**Patient ID #**

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>RACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Hispanic</td>
<td>[ ] Black or African American</td>
</tr>
<tr>
<td>[ ] Non-Hispanic</td>
<td>[ ] American Indian or Alaska Native</td>
</tr>
</tbody>
</table>

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**Provider Information**

- **Provider Code:**
- **Physician:**
- **Provider Phone:**
- **Provider Email:**
- **Secure Fax #:**

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**Specimen Collection Date and Time**

- **Date:** mm/dd/yyyy
- **Time:**

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**Bacteriology/Tuberculosis Tests**

- **Isolate**
- **Original Material**

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**Bioterrorism Tests**

- **Notify lab before submitting:**
- **Isolate**
- **Original Material**

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**Immunology Tests**

- **Quantiferon-TB Gold**
- **QuantiFACTOR-TB Gold**

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**Additional Information**

- **Other Disease Suspected:**
- **Referral Test (additional form(s) required):**

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**Virology Tests**

- **Ampida NAAT**
  - C. trachomatis and N. gonorrhoea by NAAT
  - Patient is partner of a 15-24 year old female
- **Respiratory Panel (filmArray)**
- **Herpes Simplex/Varicella zoster PCR**
  - (HSV-1, HSV-2, VZV)
- **Triplex PCR (Zika, Dengue, Chikungunya Viruses)**
- **Influenza PCR**
  - Influenza A & B virus PCR (with subtyping/genotyping)

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**Comments:**