



Alaska State Public Health Laboratories

PO Box 196093
 Anchorage, AK 99519
 Phone: 907-334-2100
 24 hour: 1-855-222-9918
 HIPAA Compliant Fax: 907-334-2161

Anchorage Lab Request Form v10/07/2022

Two unique patient identifiers are required on the specimen and the requisition. Please print clearly. Failure to fill out **required fields** will result in specimen processing delays.

Patient Information: Preprinted labels are recommended.				Submitter Information - Report Results to:				
Non-Human Sample	Collection Date	Time	am pm	Facility Name (Hospital/Clinic/etc.)		Phone Number		
Patient ID (Chart#, MR#)	Race	Ethnicity		Provider Name		Fax Number		
Last Name		First Name		MI		Mailing Address		
Date of Birth		Gender	Patient Phone Number					
Patient Physical Address				City/Village		City	State	Zip Code
Location of specimen collection: _____								
Chlamydia & Gonorrhoea NAAT		Bacteriology				Botulism		
CT/GC Urine	CT/GC Endocervical	Diphtheria Culture Source: _____				Contact Epidemiology 1-800-478-0084		
CT/GC Vaginal	CT/GC Urethral	Enteric Culture: <i>Campylobacter, E. coli, Salmonella, Shigella</i>				Contact ASPHL 1-855-222-0957		
CT/GC Oropharyngeal	CT/GC Rectal	<i>Aeromonas/Plesiomonas</i>				Pre-BAT Serum (min. 10 mL serum per patient)		
CT Eye **Chlamydia Testing Only**		<i>Vibrio, species if known</i> _____				Date/Time BAT Administered: _____		
Trichomonas NAAT, Fee Applies		Routine Shiga toxin Screen (EIA)				Stool Gastric/Vomitous		
Trichomonas Urine		Other: _____				Other/Food: _____		
Trichomonas Vaginal		Reportable Organism Submission				Biothreat and Emerging Pathogens		
Trichomonas Endocervical		Source: Rectal swab: colonization screening , CRE				Contact Epidemiology 1-800-478-0084		
Syphilis		Carbapenem Resistance Testing				Contact ASPHL 1-855-222-0957		
Syphilis Screen (RPR)		CRE/CRPA/CRAB **Attach AST**				Specify Pathogen: _____		
Date Frozen (freeze if transit >5 days): _____		<i>Candida auris</i>				Source: _____		
Epidemiology Investigation	YES NO	Culture Independent Method Used?				Pertussis		
Syphilis Exposure/Outbreak (RPR and FTA)		YES NO				Pertussis PCR		
Mycobacteriology (TB)		**Please Attach CIDT Instrument Printout**				Dacron or Polyester Nasopharyngeal Swabs Only		
Source: _____		<i>Campylobacter</i>				Samples from patients currently taking antibiotics longer than 5 days may yield false negative results.		
AFB Culture and Smear		<i>Corynebacterium diphtheriae</i>				Antibiotic start date: _____		
Susceptibility testing performed on initial TB positive cultures only		<i>E. coli</i> STEC (Referred Positive)				Chemical Threat		
TB NAAT: Contact Alaska TB Control at 1-907-269-8000 for approval prior to ordering		<i>E. coli</i> O157 Method Used: _____				Contact ASPHL 1-855-222-0951		
Parasitology		<i>E. coli</i> Non-O157				Suspected Agent/Toxin: _____		
Ova and Parasite Exam		Shiga toxin EIA Method Used: _____				Source: _____		
<i>Giardia/Cryptosporidium</i> DFA		<i>Haemophilus influenzae*</i>				Chemistry		
Acid Fast Stain		<i>Listeria monocytogenes</i>				**Only authorized providers can request Chemistry Testing**		
<i>Cyclospora, Cryptosporidium, and Cystoisospora</i>		<i>Neisseria gonorrhoeae</i>				Blood Lead (Pb)		
Pinworm Exam		<i>Neisseria meningitidis*</i>				(Indicate Source: Capillary or Venous Blood)		
Arthropod/Ectoparasite/Worm ID		<i>Salmonella, species if known</i> _____				CINA Trace Drug Panel (Urine Only)		
Blood Parasite Exam		<i>Shigella, species if known</i> _____				Toxic Alcohols and Glycols		
Submit thick and stained thin smears for malaria		<i>S. pyogenes, agalactiae, or pneumoniae*</i>				(Whole Blood Only - gray top preferred -no SST)		
Travel History: _____		<i>Vibrio, species if known</i> _____				Other: _____		
		<i>Yersinia, species if known</i> _____				Source: _____		
				* Isolates from normally sterile body fluids or sites only. Referred to the CDC Arctic Investigations Program.				