

Public Health Laboratory of East Texas The University of Texas Health Science at Tyler		CLIA# 45D1011121
11949 US Highway 271 N Tyler, Texas 75708	Laboratory Director Richard J. Wallace Jr., M.D.	
Phone 903-877-5071 Fax 903-877-5259	24 hour Emergency phone 903-312-3537	



SUBMITTER INFORMATION			
SUBMITTER			
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE	FAX		
LABORATORY CONTACT NAME AND NUMBER (FOR QUESTIONS)			
PANIC VALUE-CONTACT NUMBER			
PATIENT INFORMATION			
PATIENT NAME (LAST, FIRST, MI)			
DATE OF BIRTH	AGE	SEX Male/Female	SSN
ADDRESS :	CITY	STATE/ ZIP CODE	
DATE AND TIME OF COLLECTION		PHONE:	
DATE OF ONSET	DIAGNOSIS/SYMPTOMS	RISK	
OUTBREAK ASSOCIATION: Y/N SURVEILLANCE : Y/N CIRCLE ONE: INPATIENT/OUTPATIENT			
ORDERING PHYSICIAN			
SPECIMEN SOURCE OR TYPE (CIRCLE ONE)			
PLASMA	WHOLE BLOOD	NASOPHYRANGEAL SWAB/ASPIRATE	
WOUND SWAB	SOURCE-	THROAT SWAB	SPUTUM
TRACHEAL ASPIRATES	PLEURAL FLUID	SERUM	CSF/SPINAL FLUID
BACTERIAL ISOLATE	VIRAL CULTURE	OTHER (describe)	
TEST requested Place a check mark in the box to the left of the test requested			
<input type="checkbox"/>	QUANTIFERON TB GOLD Plus :	Sample incubated?	Yes no
<input type="checkbox"/>	BIOTERRORISM RULE IN/ RULE OUT* - SUSPECTED ORGANISM _____		
<input type="checkbox"/>	INFLUENZA BY RT-PCR		
<input type="checkbox"/>	AVIAN FLU *		
<input type="checkbox"/>	EBOLA PCR *		
<input type="checkbox"/>	ARBOVIRUS PCR PANEL *(INCLUDES DENGUE, CHIKUNGUNYA, ZIKA)		
<input type="checkbox"/>	ZIKA IgM Serology *		
OTHER TESTS: CALL PHLET FOR APPROVAL			
SPECIMEN RECEIVED BY		DATE/TIME	
CONDITION: REFRIGERATED ROOM TEMPERATURE FROZEN			

*FOR ALL BT SUBMISSIONS and tests marked with an * : NOTIFY DSHS AT 1-866-310-9698

IF APPLICABLE, PLEASE DESCRIBE ANY EXPOSURES RELATED TO THIS SUBMISSION: