**SUBMITTER INFORMATION**

<table>
<thead>
<tr>
<th>SPECIMEN</th>
<th>CLINICIAN NAME</th>
<th>PHONE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFB TUBERCULOSIS/MYCOLOGY</td>
<td>Bacteriology</td>
<td>General Microbiology</td>
</tr>
<tr>
<td><strong>SPECIMEN COLLECTION</strong></td>
<td><strong>SPECIMEN TYPE</strong></td>
<td><strong>CLINICAL SYMPTOMS</strong></td>
</tr>
<tr>
<td>Date/Time Collected</td>
<td>Reference</td>
<td>Date of onset: MM/DD/YYYY</td>
</tr>
</tbody>
</table>

**BACTERIOLOGY**

- N. meningitidis typing
- Plague FA and culture
- Salmonella, serotype:
- Shigella, serotype:
- Shiga Toxin test/isolation
- Tularaemia culture
- Vibrio
- Yersinia enterocolitica:
- Other:

**SEROLOGY**

- Arbovirus ID
- CDC referral (attach form 50.34)
- HIV Ag/Ab Combo with Reflex
- Hepatitis A Diagnosis (IgM Only)
- Hepatitis A Immune Status
- Hepatitis A Pre-Vaccination
- Hepatitis A Prenatal Screen
- Hepatitis B Post-Vaccination
- Hepatitis B High Risk
- Hepatitis B High Risk and HCV
- Hepatitis C Antibody (Anti-HCV)

**MOLECULAR**

- Pertussis (Bordetella sp.) PCR
- Other:
- Other (specify):

**AFB TUBERCULOSIS/MYCOLOGY**

- Other (specify):

**MOLECULAR**

- Virus Isolation

**Virology**

- 2019 Novel Coronavirus RT-PCR
- Influenza RT-PCR (Per Epidemiology Guidance)

**ANTIMICROBIAL RESISTANCE**

- Other (specify):