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VIROLOGY/IMMUNOLOGY REQUEST FORM
Oregon State Public Health Laboratory
PO Box 275 - Portland, OR 97207-0275
Information: 503-693-4100

For OSPHL Use Only

PATIENT INFORMATION

Form with fields for Patient Name, Date of Birth, County of Residence, Date of Collection, Patient ID/Chart Number, Patient Medicaid Number, ICD-9 Code, etc.

SUBMITTER INFORMATION

Form with fields for Submitter Code, Results To, Authorized Ordering Physician/Clinician, Contact Phone Number AND Name, NPI#

SPECIMEN INFORMATION

Form with fields for Specimen Source, Illness Onset, Outbreak/Study ID

TESTS REQUESTED

Form with sections for HEPATITIS, HIV, and VIRUS ISOLATION tests.

Form with sections for BILLING INFORMATION ONLY, MISCELLANEOUS SEROLOGY, and PHILIS tests.

COMMENTS

Link here to order this form

