

Test Request Form

UofL Infectious Diseases Laboratory

Division of Infectious Diseases

Department of Medicine

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PATIENT INFORMATION OR (AFFIX LABEL HERE)

NAME (LAST, FIRST): _____ DATE OF BIRTH: _____ TODAY'S DATE: _____

MEDICAL RECORD #: _____ COLLECTION DATE/TIME/INITIAL: _____ FACILITY: _____

ATYPICAL PNEUMONIA PCR PANEL OPTIONS or SINGLE TESTS (Check all that apply)

APP *M. pneumoniae* *L. pneumophila* *C. pneumoniae* (OP SWAB or BAL) OR PLUS PJP: *P. jirovecii* (BAL ONLY)

TICK-BORNE DISEASES PANEL OPTIONS or SINGLE TESTS (Check all that apply)

FULL PANEL TDP

Ehrlichia spp. /Anaplasma PCR (WHOLE BLOOD) *Rickettsia* IgG & IgM Serology (SERUM) Lyme Disease Serology* IgG/IgM (SERUM)
*Reflex Testing IgG & IgM confirmation

PARTIAL PANEL TDP-P

Ehrlichia spp. /Anaplasma PCR (WHOLE BLOOD) *Rickettsia* IgG & IgM Serology (SERUM)

QUANTIFERON[®] - TB PLUS PANEL OPTIONS

QuantiFERON[®] - TB-PLUS OR QuantiFERON[®]-TB-PLUS *Client Incubated*

OTHER TESTS

RPR SCREEN w/ reflex to TP-PA (SERUM)

GC/CT PCR (URINE)

SARS-CoV-2/COVID-19 PCR (NP SWAB)

DATE/TIME COLLECTED _____ / _____

Incubator IN _____ / _____ / _____
DATE MILITARY TIME INITIAL

Incubator OUT _____ / _____ / _____
DATE MILITARY TIME INITIAL