



DO NOT USE THIS AREA

TEST REQUEST FORM

Patient Last Name (Please Print)	Patient First Name	MI	Date of Birth (mm/dd/yyyy)	Sex
Patient Street Address			Patient Medical Record No.	
City	State	Zip	Sample No.	
Physician Information/Where To Send Report:		Patient History/Diagnosis		Date of Collection
Name:	Phone:			
Facility:	Pager:	Specimen Source		Time of Collection
Address:	Fax:			

DIAGNOSTIC IMMUNOLOGY

(Submit Blood Red Top Tube Unless Noted)

- Chlamydia IgG
- CMV Antigenemia (2 Lavender Top Tubes)*
- CMV IgG
- CMV IgM
- EBV Panel (VCA IgG, IgM, EBNA)
- EHEC E.Coli Toxin (Submit Stool)
- HSV IgG
- HSV IgM
- HSV IgG – Types 1 & 2 Specific***
- Legionella Antigen (Submit Urine)
- Legionella IgG/IgM/IgA
- Measles IgG
- Measles IgM
- Mumps IgG
- Mycoplasma IgG & IgM
- Rotavirus Direct (Submit Stool)
- Rubella IgG
- Rubella IgM
- TORCH IgG Panel
- Toxoplasma IgG
- Toxoplasma IgM
- Varicella IgG
- Varicella IgM
- West Nile Virus IgG & IgM

SYPHILIS SEROLOGY

(Serum/Plasma/Cord blood)

- RPR
- TPPA
- VDRL/FTA (CSF only)

VIROLOGY

(Use VTM Unless Noted)**

- General Viral Culture
- Chlamydia pneumoniae Culture
- Chlamydia trachomatis Culture
- CMV Culture
- HSV Culture & Typing
- HSV Direct (Vesicle Lesion Slide)*
- Influenza Culture
(with A & B Rapid Direct)
- Measles Culture
- Mumps Culture
- Nursing Home Respiratory Panel
- Respiratory Viral Culture
- RSV Culture & Rapid Direct Test
- Rubella Culture*
- VZV Culture
- VZV Direct (Vesicle Lesion Slide)*

MOLECULAR DIAGNOSTICS

- Chlamydia/Gonorrhea TMA
(Submit Aptima™ Media)

MYCOLOGY

- Fungus Culture
- Pneumocystis carinii (PCP) DFA

PARASITOLOGY

- Cryptosporidium/Giardia DFA
- Ova and Parasites

MYCOBACTERIOLOGY

(Sensitivity on MTB only)

- AFB Culture and Smear
- BACTERIOLOGY**
- Anaerobic Culture
 - Blood Culture (10ml/bottle)
 - Body Fluid Culture
 - CSF Culture
 - Ear/Eye Culture
 - E.coli 0157:H7 enhanced culture
 - Genital Culture
 - Gram Stain
 - Legionella Culture & Direct
 - Mycoplasma pneumoniae Culture**
 - M.hominis/U.urealyticum Culture**
 - N.gonorrhea Culture (GC)
(JEMBEC CO2 Pouch)
 - N.gonorrhea Smear
 - N. meningitidis Serogrouping
(Submit Isolate)
 - Respiratory Culture
 - Salmonella/Shigella Serogrouping
 - Stool Culture
 - Throat Culture
 - Tissue Culture
 - Urine Culture
 - Wound Culture

Other Tests

*Call Lab Prior to Sending (914) 231-1760

**VTM – Use Viral/Chlamydia Transport Media

***for patients > 14 years old & non immunocompromised