NEW YORK STATE DEPARTMENT OF HEALTH Wadsworth Center

Infectious Diseases Requisition

Please send specimen(s) to:	Now Vork Stat	o Donartmont	of Hoalth Wadeworth C	ontor	Fau	formation obs	unt the Infections Discours		
Address: David A		or more information about the Infectious Diseases Aboratories at the Wadsworth Center, go to:							
			Farm Rd, Slingerlands,				org/programs/id		
Patient Demographics	and Reques	ting Provide	er			*	required information		
Last name*		Firs	t name*	MI	DOB*		☐ Male ☐ Other		
					/	1	Female		
Permanent Street Address		Facility of Re	esidence (if applicable)	City		State	Zip Code		
NYS County of Residence*		Patient Refe	rence Number	NYS DOH Outbreak Number	r CDESS	Case Number	•		
*Race (Select one or more)	America	n Indian or Ala	askan Native	an Black or African Ar	nerican	*Ethnicity	Hispanic or Latino		
(_	awaiian or Pa				Lumony	Not Hispanic or Latin		
Name and National Provide	r Idontifior (ND	I) for Hoolth C	ara Pravidar		Phone:	()	_		
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Submitting Facility (La	aboratory re	oort will be	sent to this addres	S)			required information		
Name*					Labora	tory PFI			
Address*					NPI				
					Phone ³	k			
Contact Person*					()	_		
Specimen Information	<u> </u>					*	required information		
,	,			.		, ,			
Collection Date*: /			if applicable):	Date of Sympto	oms Onset:	1 1	Autopsy		
Source(s)*		pecimen subm	nted on/in preservative/cell line)	Sub	mitter's Spe	cimen Identifi	er(s)		
				IsolatePrimary					
				☐ Isolate ☐ Primary					
Laboratory Examination	on Requeste	d							
	ification/Detect		itter Lab Findings: Sme	ar/Stain/Other:					
	Suspect Organi		J		uspect Orga	nism/Agent			
Bacterial				Parasitic					
☐ Antimicrobial Resista	ceptibility	☐ Malaria Drug Susceptibility							
☐ Other Susceptibility (Serology							
☐ Fungal				Viral**					
☐ Antimicrobial Resista	nco Laboratori	Notwork Suc	contibility						
	еривниу	 □ Viral Encephalitis PCR Panel on CSF □ Influenza Antiviral Susceptibility 							
☐ Other Antifungal Sus ☐ Mycobacterial		Other							
Clinical History									
Health Care Worker	Donor Screeni	ng Releva	nt Exposure: Travel	. Animal Arthrop	od Co	ntact w/ Knov	vn Case 🔲 Food/Water		
Exposure Detail:			Hosp	italized: Yes No Hos	oital Name:				
Diagnosis:		Pregnant (trimester): Fever	(max): CSF:	Glu	Prot	RBCWBC		
Relevant Treatment:		Date:	/ / Relev	ant Immunization:			Date: / /		
**Symptoms (check all app	licable): □ Acu	te 🗆 Chronic	☐ Other Symptoms						
Cardiavascular	Cantual Name	a Cuatam	Dach	Decementary	Miscellar				
	Central Nervou Altered Men		Rash	Respiratory □ Bronchitis					
	□ Attered Men □ Encephalitis	lai SidiUS	☐ Hemorrhagic☐ Maculopapular	□ Bronchitis □ Cough	☐ Arthra ☐ Conjur	-	□ Lymphadenopathy□ Malaise		
•	□ Headache		□ Petechial	□ Pneumonia	☐ Hepati		□ Myalgia		
	☐ Meningitis		□ Vesicular	\square Upper Respiratory	☐ Hepato	omegaly	☐ Splenomegaly		
	□ Paralysis				□ Immur	nocompromise	d		

Please send specimen(s) to: New York State Department of Health, Wadsworth Center

Address: David Axelrod Institute, 120 New Scotland Avenue, Albany, NY 12208 Rabies Lab only: Courier Address: 5668 State Farm Rd, Slingerlands, NY 12159

Name": Address": Contact Person": Contact Person": Contact Person": Collection Date:	Submitter (test ordered by)				*	required	information
Contact Person*: Phone*:{ Phone	Name*:						
Sample Information Collection Date*:	Address*:						
Collection Date*: / / Rabies Lab Only Second Collection Date: / / NYSDOH Outbreak Number: Collection Site: Street Address: City: State: Zip Code: NYS County: Laboratory Examination Requeste Bacterial Fungal Mycobacterial Parasitic Serology Viral Other Suspect Organism/Agent: Animal Domestic Wild Mammal Reptile Other Common Name or Species: Submitter Sample Number: Sample Source: Domestic Animal Owner Name: Animal Name: Comments: Food Brand Name: Lot Number: USDA Number: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe helow samples taken; use separate sheets if necessary. Sample type (sponge, swab, water, soil, etc.) Identifier (Room number, etc.)	Contact Person*:			Phon	e*: ()	_
NYSDOH Outbreak Number: Collection Site: Street Address: City: State: Zip Code: NYS County: Laboratory Examination Requested Bacterial Fungal Mycobacterial Parasitic Serology Viral Other Suspect Organism/Agent: Animal Oomestic Wild Marinal Reptile Other Common Name or Species: Submitter Sample Number: Sample Source: Domestic Animal Owner Name: Animal Name: Comments: Food Brand Name: Lot Number: USDA Number: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type Identifier Sample type Identifier Sponge, swab, water, soil, etc.) (Room number, etc.)	Sample Information						
Collection Site: Street Address: City: State: Zip Code: NYS County: Laboratory Examination Requested Bacterial Fungal Mycobacterial Parasitic Serology Viral Other Suspect Organism/Agent: Animal Domestic Wild	Collection Date*: / /	Rabies Lab Only Second Collection D	ate: /	1			
Street Address: City: State: Zip Code: NYS County: Laboratory Examination Requested Bacterial Fungal Mycobacterial Parasitic Serology Viral Other Suspect Organism/Agent: Animal Domestic Wild Mammal Reptile Other Common Name or Species: Submitter Sample Number: Sample Source: Domestic Animal Owner Name: Animal Name: Comments: Food Brand Name: Lot Number: USDA Number: Sell By Date: Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type Identifier Sample type Identifier (Room number, etc.)	NYSDOH Outbreak Number:						
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Laboratory Examination Requested Bacterial	Street Address:						
Bacterial Fungal Mycobacterial Parasitic Serology Viral Other Suspect Organism/Agent: Animal Domestic Wild Avian Mammal Reptile Other Common Name or Species: Submitter Sample Number: Sample Source: Domestic Animal Owner Name: Animal Name: Comments: Food Brand Name: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type Identifier (Room number, etc.) (Room number, etc.) (Room number, etc.) (Room number, etc.)	City:	State:	Zip Code:	N	YS County:		
Suspect Organism/Agent: Animal onnestic Wild Avian Mammal Reptile Other Common Name or Species: Submitter Sample Number: Domestic Animal Owner Name: Comments: Food Brand Name: Lot Number: USDA Number: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type (sponge, swab, water, soil, etc.) Identifier (Room number, etc.)	Laboratory Examination Requi	ested					
Animal Domestic Wild Avian Mammat Reptile Other Common Name or Species: Submitter Sample Number: Domestic Animal Owner Name: Comments: Food Brand Name: Lot Number: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type (sponge, swab, water, soil, etc.) Identifier (sponge, swab, water, soil, etc.) Identifier (Room number, etc.)	☐ Bacterial ☐ Fungal ☐ Mycobact	erial Parasitic Serology Vira	al 0ther				
Domestic Wild Avian Mammal Reptile Other Common Name or Species: Submitter Sample Number: Domestic Animal Owner Name: Comments: Food Brand Name: Lot Number: Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type (Sponge, swab, water, soil, etc.) [Room number, etc.]	Suspect Organism/Agent:						
Avian Mammal Reptile Other Common Name or Species: Submitter Sample Number: Sample Source: Domestic Animal Owner Name: Animal Name: Comments: Food Food	Animal						
Common Name or Species: Submitter Sample Number: Domestic Animal Owner Name: Comments: Food Brand Name: Lot Number: USDA Number: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type (sponge, swab, water, soil, etc.) Identifier (sponge, swab, water, soil, etc.) Identifier (Room number, etc.)	☐ Domestic ☐ Wild						
Submitter Sample Number: Domestic Animal Owner Name: Comments: Food Brand Name: Lot Number: USDA Number: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type (sponge, swab, water, soil, etc.) Identifier (Room number, etc.) Identifier (Room number, etc.)	Avian Mammal Reptile	Other					
Domestic Animal Owner Name: Comments: Food Brand Name: Lot Number: USDA Number: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type (sponge, swab, water, soil, etc.) Identifier (Room number, etc.) Sample type (sponge, swab, water, soil, etc.) Identifier (Room number, etc.)	Common Name or Species:						
Comments: Food Brand Name: Lot Number: USDA Number: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type (sponge, swab, water, soil, etc.) Identifier (sponge, swab, water, soil, etc.) Identifier (Room number, etc.)	Submitter Sample Number:			Sample Source:			
Food Brand Name: Lot Number: USDA Number: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type (sponge, swab, water, soil, etc.) (Room number, etc.) (Sponge, swab, water, soil, etc.) (Room number, etc.)	Domestic Animal Owner Name:			Animal Name:			
Brand Name: Lot Number: Sell By Date: / / Sample Description: Comments: Environmental Source Description: Describe below samples taken; use separate sheets if necessary. Sample type (sponge, swab, water, soil, etc.) Identifier (sponge, swab, water, soil, etc.) Identifier (sponge, swab, water, soil, etc.) Identifier (Room number, etc.)	Comments:						
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