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Mailing Address: PO Box 1125, Burlington, VT 05402-1125
Physical Address: 359 South Park Drive, Colchester VT 05446 • (802) 338-4724 or (800) 660-9997 (in VT only)

Specimen Information		For Laboratory Use Only	
Date of Collection: _____	Date of Onset: _____	Lab/LIMS # _____	Date Received: _____
Time of Collection: _____	ICD Code: _____		LITS #: _____

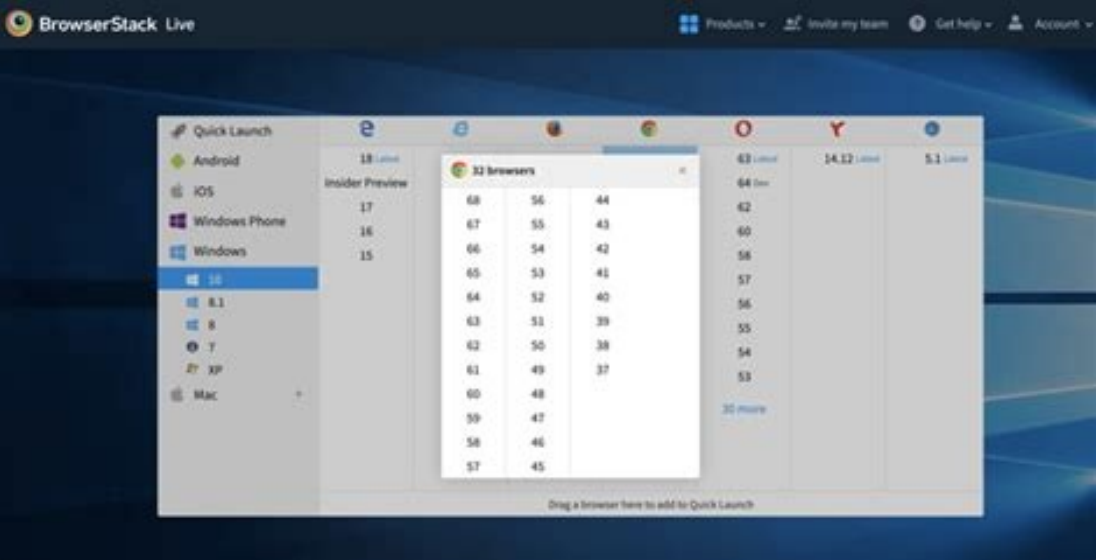
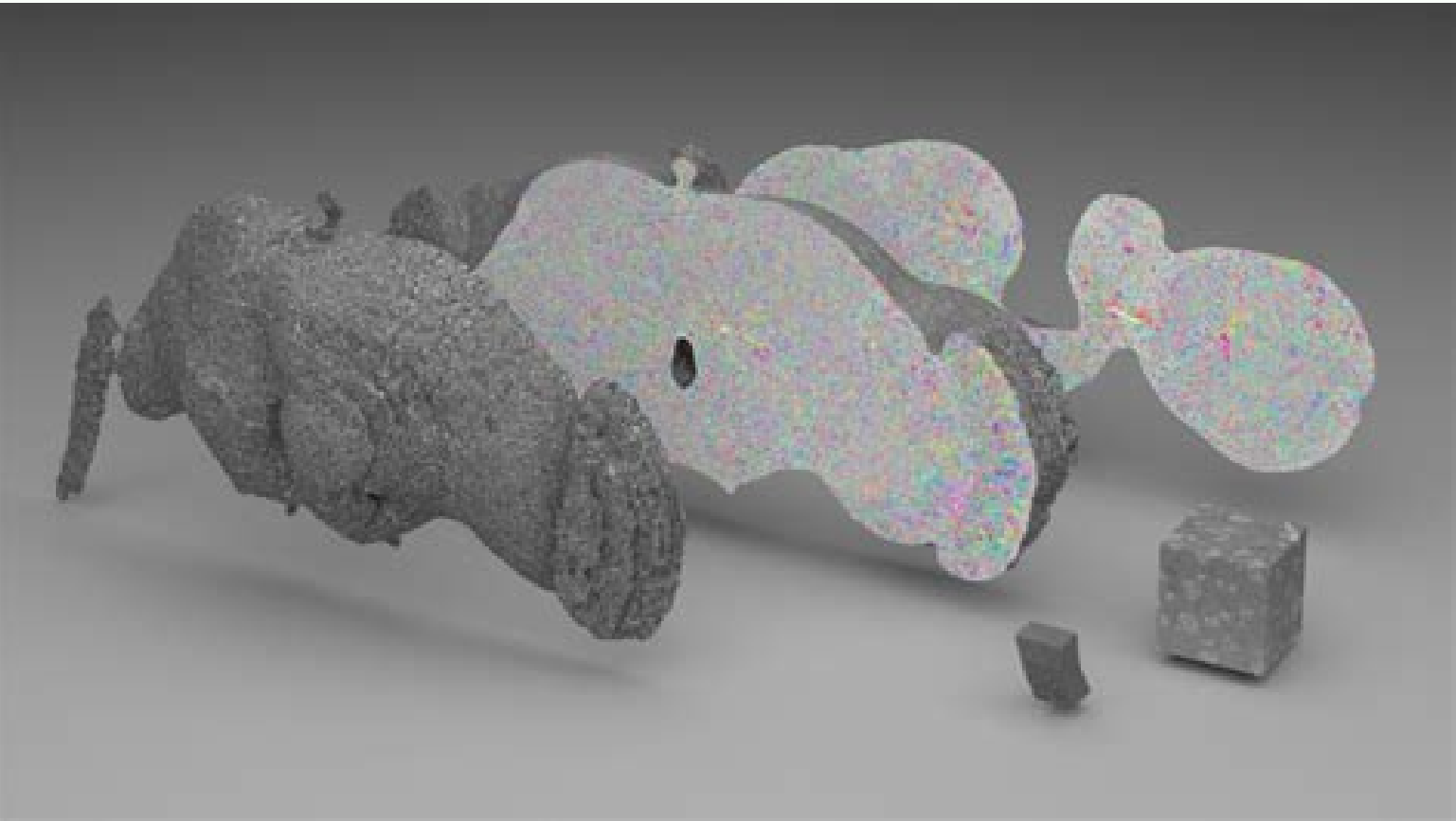
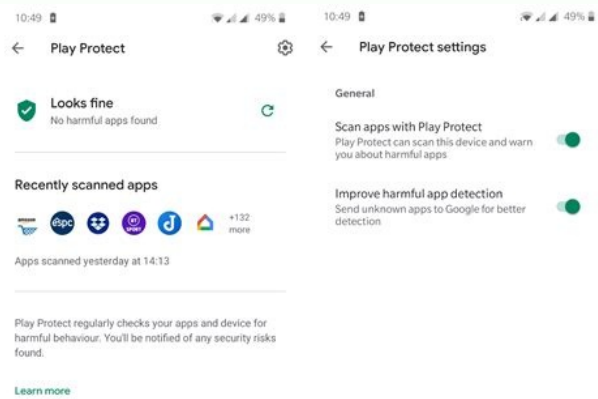
Clinical Laboratory/Practice Information			Patient Information (print clearly)		
Clinical Laboratory/Practice Name			Last Name	First Name	
Address			Address		
City/Town	State	Zip code	City/Town	State	Zip code
Telephone Number			Writer or ID	Specimen ID	
Referring Physician Last Name/first Name			Date of Birth (MM/DD/YYYY)	Gender ☐ Male ☐ Female	
NPI#			Travel History (within past 6 months)	Date Vaccinated for Influenza	
Comments			TST History (For GFT Test Only) Date: _____ Result mm: _____	BCG Vaccinated (For GFT Test Only) ☐ Yes ☐ No ☐ Unknown	

☐ Check if No Insurance		Billing Information	
Registrator Party Name		Medicaid Number	Medicare Number
Insurance Company Name		ID Number	Group Number
Subscriber Name		Relationship	
Secondary Insurance Company Name		ID Number	Group Number
Subscriber Name		Relationship	

Specimen Source:			
☐ Aspirate site:	☐ Cerebral Spinal Fluid	☐ Serum	☐ Convalescent
☐ Biopsy tissue site:	☐ Fluid-site:	☐ Acute	
☐ Blood	☐ Isolate-source:	☐ Sputum	
☐ Capillary ☐ Venous	☐ Lymph Node	☐ Stool	
☐ Bone	☐ Nasal Swab	☐ Swab	
☐ Bronchial Wash	☐ Nasopharyngeal Swab	☐ Urine	
☐ Bronchoalveolar Brush	☐ Nasal Wash	☐ Other:	
☐ Bronchoalveolar Lavage	☐ Oral Mucosal Transudate (Oral Fluid)		

Specimen Site		Reason for Test	
☐ Abdomen	☐ Nasopharynx	☐ Confirmation/Reference	☐ Immune Status
☐ Cervix	☐ Oral	☐ Contact/Exposure	☐ Pregnancy
☐ Endocervix	☐ Rectal	☐ Diagnostic	☐ Screen
☐ Lung	☐ Throat	☐ Hospitalized	☐ Symptomatic
☐ Nasal Mucosa	☐ Vaginal	☐ Immigrant/Refugee	☐ VDHL Request
☐ Other:		☐ Other:	

For Laboratory Use Only			
☐ Transport medium expired	☐ Duplicate of # _____	☐ Overfilled	☐ QNS/Leaked in Transit
☐ Other: _____		☐ Shipping Temperature upon arrival:	☐ Cold ☐ Room Temp.
Epidemiology notified of receipt of isolate: _____		Result: _____	
Epidemiology notified of preliminary results: _____		Provider notified of preliminary results: _____	
Epidemiology notified of final results: _____		Provider notified of final results: _____	

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