



South Dakota Public Health Laboratory
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<https://doh.sd.gov/Lab/>

Lab Use Only

Program Use Only

- ☐ Public Health Investigation
☐ CD Billing Code _____
☐ Flu Surveillance
☐ Outbreak

Facility _____
Address _____
City _____
Phone _____
Physician/Clinician Name _____

Patient Information: Patient ID _____

Patient Name:(Last)	(First)	(MI)

Patient's Address	Date of Birth	Age	Sex	Race	Ethnicity
City	State	Zip Code	Phone Number	Medicaid/Medicare Number	

Patient Data	Symptomatic? ☐ Yes ☐ No ☐ Unknown	Pregnant? ☐ Yes ☐ No ☐ Unknown
1 st COVID Test? ☐ Yes ☐ No ☐ Unknown	Date of Onset? ☐ Yes ☐ No ☐ Unknown	
Employed in Healthcare? ☐ Yes ☐ No ☐ Unknown	Hospitalized? ☐ Yes ☐ No ☐ Unknown	Diagnostic Code
Resident of congregate setting? ☐ Yes ☐ No ☐ Unknown	ICU? ☐ Yes ☐ No ☐ Unknown	Disease Suspected

Specimen Data:

Specimen Source:

Collection Date: ____/____/____

- ☐ Serum
☐ Whole Blood (EDTA) Venous/Capillary
☐ Quantiferon TB Gold Plus Blood
☐ Plasma _____

- ☐ Blood
☐ Bronch Wash
☐ Cervical
☐ Ear
☐ Eye
☐ Lesion
☐ Nail
☐ Nasal
☐ NP Aspirate
☐ NP Swab
☐ OP Swab
☐ Pleural
☐ Rectal
☐ Spinal fluid CSF
☐ Sputum
☐ Stool isolate
☐ Stool preserve
☐ Throat/Pharyngeal
☐ Urethral
☐ Urine
☐ Vaginal
☐ Fluid _____
☐ Tissue _____
☐ Wound _____

SEROLOGY

- ☐ STU *Francisella tularensis* Ab
☐ HPS Hantavirus IgG/IgM Ab
☐ HAM Hepatitis A IgM Ab
☐ HAV Hepatitis A IgG Ab
☐ HAP Hepatitis Acute Panel
☐ HBD Hepatitis B Acute Profile
☐ HBC Hepatitis B Chronic Profile
☐ VHC Hepatitis B Core Total Ab
☐ VCM Hepatitis B Core IgM Ab
☐ VHG Hepatitis B Surface Ab
☐ VSG Hepatitis B Post Vac. Screen
☐ VSB Hepatitis B Surface Ag
☐ HCV Hepatitis C Ab
☐ HCVQ Hepatitis C Quantitative
-
- ☐ VLG Lyme IgG Ab
☐ VLM Lyme IgM Ab
☐ MSG Measles IgG (Rubeola) Ab
☐ VMM Measles IgM (Rubeola) Ab
☐ VMS Mumps IgG Ab
☐ VUM Mumps IgM Ab
☐ VQS Q Fever IgG Ab
☐ VRK Rickettsial Ab Panel
☐ VSF Rocky Mt. Spotted Fever IgG Ab
☐ VRE Rubella IgG Ab
☐ VTY Typhus IgG Ab
☐ WNM West Nile Virus IgM Ab
☐ VNZ Varicella Zoster IgG Ab

VIROLOGY

- ☐ IAB *Influenza A/B* PCR
☐ COV SARS COV2 PCR
☐ GIP Gastrointestinal Panel
☐ RPP Respiratory Pathogen Panel
☐ PCR Measles PCR
☐ MPCR Mumps PCR
☐ HSV HSV 1&2 PCR
☐ VZV VZV PCR
☐ VOI OTHER _____

BLOOD LEAD

- ☐ BLT Blood Lead

MYCOBACTERIOLOGY

- ☐ TTB *Mycobacteria* Culture and Smear
☐ TOT *Mycobacteria* Reference ID
☐ MTB *M. tuberculosis* PCR
☐ QFT Quantiferon TB Gold Plus

STD

- ☐ GPB *Chlamydia/Gonorrhoeae*
☐ HIV HIV
☐ RPR Syphilis Non-treponemal
☐ Traditional Algorithm
☐ Reverse Algorithm

SPECIAL PATHOGENS

- ☐ Please contact the laboratory at 605-773-3368 before sending.

BACTERIOLOGY

- ☐ BMD Bacterial Misc. Culture ID
☐ PPR *B pertussis* PCR
☐ BPC *B pertussis* culture
☐ CAM *Campylobacter* ID
☐ BSD *Corynebacterium diphtheriae*
☐ BEE *E. coli* 0157 confirmation
☐ BEP Enteric Stool Culture
☐ HFLU *Haemophilus influenzae* typing
☐ mCIM CRE/CRPA Screen
☐ BGR *Neisseria gonorrhoeae* culture
☐ NMEN *Neisseria meningitidis* serotyping
☐ SAL *Salmonella* serotyping
☐ SHIG *Shigella* serotyping
☐ STX Shigatoxin EIA
☐ BVC *Vibrio* culture/ID
☐ BYC *Yersinia* culture/ID
☐ BMI Yeast/Fungus ID

- ☐ OTHER _____
☐ Referral _____