

For Lab Use Only

## MISCELLANEOUS LABORATORY EXAMINATION REQUEST

MR # \_\_\_\_\_ ID # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Race \_\_\_\_\_ Sex  M  F

DOB \_\_\_/\_\_\_/\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone # \_\_\_\_\_

Submitted by \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ County/Clinic \_\_\_\_\_

Date of Collection \_\_\_/\_\_\_/\_\_\_ Specimen \_\_\_\_\_ Site/source \_\_\_\_\_

Examination Desired \_\_\_\_\_ Program \_\_\_\_\_

Allergies: PCN  Yes  No

Symptom: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Mississippi State Department of Health FORM 402 (REVISED January 2008)

Mississippi Public Health Laboratories  
Main Lab - 570 East Woodrow Wilson  
Jackson, Mississippi 39216  
Phone - 601-576-7582

Lawson Street Lab - 3152 Lawson Street  
Jackson, Mississippi 39213  
Phone - 601-981-6158

Place Barcode Label  
Here.

### Miscellaneous Tests, REQ 402 Instructions

#### **PURPOSE**

To collect demographics and data on patients who are having tests performed that do not have a specific requisition form.

#### **DEMOGRAPHICS SECTION - right hand side of requisition:**

**Please Place Information Label Here or Complete. Write in any requested information that is not included on the label.**

If current Mississippi State Department of Health (MSDH) Patient Information Management System (PIMS) label or non MSDH provider label is available containing patient's name, address, city, state, zip code, date of birth, sex, race, Social Security Number, and Clinic Name, please place label over the area for demographic information.

**Note:** Please attach MSDH PIMS or non MSDH provider labels to both copies.

If clinic label is not available, please fill in all spaces. Handwritten information must be complete and **legible**.

**MR #** - Enter patient's medical records number.

**ID #** - Enter patient's PIMS number if not printed on PIMS or provider labels.

**Name** - Enter the patient's LAST NAME, FIRST NAME, and AND MIDDLE INITIAL in sequence. The spelling of the name on the laboratory slip and the specimen container/tube must be identical. **Name listed must be legal name; DO NOT use nicknames.**

**Street Address** - Enter the complete address where the patient currently lives. A Post Office Box number should only be accepted as a last result.

**City** - Enter the name of the city in which the patient lives.

**State** - Enter the state in which the patient lives.

**Zip Code** - Enter the Zip Code of the patient's address.

**Phone #** - Enter telephone number including area code if available.

**Sex** - Enter "M" in space for male and "F" in space for female.

**Race** - Enter the patient's race in the space provided (White, Asian, Black, Native American, Hispanic).

**DOB** - Enter the Date of Birth (month, day, and year) of patient in the space provided.  
**Social Security Number** - Enter patient's nine digit Social Security Number in the spaces provided.

**Submitted by** - Enter the name of the clinic/submitter in the space provided.

**Address** – Enter the address of the clinic/submitter.

**County / Clinic** – Enter the name of the county for the clinic/submitter.

**Date of Collection - Provide** in MM/DD/YY format.

**Specimen** - Enter specimen type: blood, urine, swab, dried blood blot, etc

**Site/Source** – enter the site of collection such as right hand, left eye

**Examination Desired** - Clearly indicate the test that is to be performed

**Program** - Enter name of program and activity code. Use **Other** only if there is not an activity code that fits the patient or sample.

**Allergies: PCN** – Check Yes or No  
(Information is required for vaginal/rectal Group B Streptococci tests)

**Symptom: Date of onset** (if applicable) – Enter date of onset of symptoms (if applicable).

**Physician** (non health department submitters) – Enter physician's name (if applicable).

**Physician's phone number** (non health department submitters) – Enter physician's phone number (if applicable).

## **TEST ORDERING SECTION:**

### **Clinical Chemistry Division:**

The miscellaneous form can be used in clinical chemistry for the following tests:

- Hemoglobin type (sickle cell screen)
- Hemoglobin confirmation (follow-up for the Genetics Program)

### **Special Microbiology Division:**

The miscellaneous form is used in special microbiology for the following tests:

- Cultures: throat, urine, anaerobe, enteric, pertussis, diphtheria, miscellaneous

sites

- Amoebic Trophozoites
  - Bacterial Isolates
  - Blood parasites/Malaria
  - Cholera
  - OCP
  - Pinworms
  - Throat cultures - Group A *Streptococci*
  - Vaginal/Rectal cultures - Group B *Streptococci*
- (Allergies: PCN is required information)**
- *Cryptosporidium, Cyclospora, Microsporidium*
  - Food (Be sure to include case number)

**Immunology Division:**

The miscellaneous form is used in immunology for the following tests:

- Hepatitis A
- Hepatitis C
- Rubella IgG antibody
- Varicella IgG antibody
- Measles IgM and IgG
- Mumps
- Rocky Mountain Spotted Fever
- Lyme

**Molecular Diagnostics Division:**

The miscellaneous form is used in molecular diagnostics for the following tests:

- B. pertussis PCR
- STEC PCR
- VZV PCR
- C. burnetti PCR
- WNV PCR
- B. anthracis PCR
- Brucella spp. PCR
- Burkholderia spp. PCR
- F. tularensis PCR
- Ricin PCR
- Y. pestis PCR
- Non-variola PCR
- SEB TRF
- Ricin TRF
- Norovirus PCR

**Mycology**

- Reference culture fungus identification

**LAB USE ONLY SECTION:**

DO NOT WRITE IN THIS SPACE - This area is used by the MSDH Laboratory staff to record comments or test results.

**OFFICE MECHANICS AND FILING**

This form should be completed each time a "Miscellaneous" specimen is collected. The top copy (white) should accompany the specimen to the MSDH Laboratory. The bottom copy (yellow) should be retained by the submitter as documentation of submission.

Test results will be reported via computer generated report or on the laboratory slip and forwarded to the submitter. Critical values will be telephoned and faxed as soon as they are determined.

The top copy will be retained by the MSDH Laboratory in accordance with Clinical Laboratory Improvement Amendments (CLIA) regulations.

**RETENTION PERIOD**

The submitter of the specimen will file the LIMS copy of the results in the patient's record. All clinical laboratory test records are retained for a minimum of 2 years from date of receipt.