New York State Department of Health
Wadsworth Center
Empire State Plaza
PO Box 509, Albany, NY 12201-0509

Shipping address: www.wadsworth.org/wcinfo.htm

Infectious Diseases Requisition

Telephone: (518) 474-4177

Patient Demographics

Last Name *

First Name *

Middle Initial (MI)

DOB *

Sex

Male ☐ Female ☐

Street Address

City

State

Zip Code

NYS County of Residence *

NYS DOH Outbreak Number

CDESS Case Number

Submitter’s Reference Number

Submitter (Laboratory report will be sent to)

Name and Address *

Name

Laboratory PFI

Address

Contact Person

City

State

Zip

Telephone Number (_____) _____-______ ext.

Specimen Information

Specimen is: ☐ Isolate ☐ Primary Specimen ☐ Autopsy Specimen

Collection Date *

MM

DD

YYYY

Source / Specimen Type *

Time Collected (if applicable for test) :

Laboratory Examination Requested

☐ Bacterial ☐ Fungal ☐ Mycobacterial ☐ Parasitic ☐ Serology ☐ Viral

Suspected Organism / Agent

☐ Identification / Confirmation

☐ Susceptibility (specify antimicrobial(s))

☐ TB Fast Track www.wadsworth.org/mycobac/tbfasttrack.htm

☐ Serology (specify test and define onset date)

☐ Viral Encephalitis Panel www.wadsworth.org/divisions/mds/enceph/form.htm

☐ Other (specify)

Submitting lab findings: Smear/Stain/Other results

Comments

Specimen submitted on/in: Media Preservative Tissue cell line

Relevant Exposure: ☐ Contact known case ☐ Food/water ☐ Nosocomial

☐ Travel ☐ Animal Type

Location & Dates

☐ Arthropod Type

Clinical History

Name of patient's healthcare provider

Hospitalized? ☐ Yes ☐ No ☐ Unknown

If hospitalized, hospital name:

Pregnant (trimester):

Symptoms: ☐ Acute ☐ Chronic ☐ Other Onset of symptoms:

Fever: max duration

CSF: Glu Prot RBC WBC

Relevant Treatment:

Date / Relevant Immunization:

Date / 

Diagnosis:

Onset of symptoms:

Symptoms/Clinical Epidemiology (check all that apply):

Central Nervous System: ☐ Altered Mental Status ☐ Coma ☐ Encephalitis ☐ Headache ☐ Meningitis ☐ Paralysis ☐ Seizures

Gastrointestinal: ☐ Diarrhea ☐ Blood/Mucus ☐ Nausea ☐ Vomiting

Respiratory: ☐ Bronchitis ☐ Bronchiolitis ☐ Cough ☐ Pneumonia ☐ Upper Respiratory Infection

Skin/hair/nails: ☐ Hemorrhagic ☐ Maculopapular Rash ☐ Petechial Rash ☐ Vesicular

Cardiovascular: ☐ Endocarditis ☐ Myocarditis ☐ Pericarditis

Miscellaneous: ☐ Arthritis ☐ Conjunctivitis ☐ Cystitis ☐ Hepatitis ☐ Hepatomegaly ☐ Immunocompromised ☐ Jaundice

☐ Keratitis ☐ Lymphadenopathy ☐ Malaise ☐ Myalgia ☐ Pleurodynia ☐ Splenomegaly ☐ Ulcer(s) ☐ Urethritis

Other Symptoms:

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