SPECIMEN SUBMISSION FORM

WILLIAM A. HINTON STATE LABORATORY INSTITUTE
305 SOUTH STREET, JAMAICA PLAIN, MA 02130-3597
Phone 617-983-6200

Do Not Use This Space

PRINT, APPLY LABEL OR STAMP: DO NOT ABBREVIATE **ONLY ONE TEST PER SUBMISSION FORM**

Send Results To:
Facility / Laboratory Name *(required)*

Address
Brigham and Women's Hospital
Department of Lab Control
75 Francis St. - Amory 2
Boston, MA 02115

Phone # 617-732-7415 or 617-525-7954

Ordering Provider and Phone #

Patient Information:
Last Name, First Name, MI

Address

Patient ID Phone #

Sex: M F Other Date of Birth:

Race: (Check One)

	American Indian or Alaska Native		Asian
	Black or African American		White
	Native Hawaiian or Pacific Islander		Other

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

Test Requested: ______________________________
(required) One Per Form

Collection Date: ______________________
(required) One Per Form

Serology					
	Acute		Contact		Test of Cure
	Confirmation		Surveillance		
	Convalescent		Symptomatic		

Culture
Date of Culture:
Date of Subculture:
Sample Treated Y N If yes, how:

Source of Specimen: (required) One Per Form

	Anal canal		Nasopharynx		Stool		Body Fluid (site)
	Blood		Plasma		Throat (pharynx)		Bronchus (site)
	Bone Marrow		Serum		Urethra		Exudates (site)
	Cervix		Spinal Fluid		Urine		Wound (site)
	Gastric		Sputum				Tissue (site)
	Other: (Specify)						

Additional Patient Information:

Symptoms, Date of Onset, and Duration
Travel History (Dates and Locations)
Animal / Insect contact: (specify)
Relevant Immunizations (Dates)
Previous Laboratory Results
Additional Information

For information on testing, see **Manual of Laboratory Tests and Services**: http://www.mass.gov Search: manual lab

SS-SLI-1-08

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Please fill out "Additional Patient Information" section on front of form for the following tests:

Adenovirus	Herpes	Rickettsia
Arbovirus testing	Influenza	Respiratory Synctial virus (RSV)
Babesia	Lymphocytic choriomeningitis virus (LCM)	Rubella
Campylobacter	Legionella	Salmonella
Chikungunya	Lyme Disease	Shigella
Cytomegalovirus (CMV)	Measles	St. Louis Encephalitis
Dengue Fever	Mumps	Syphilis
E. coli	*Mycoplasma pneumoniae*	Vaccinia virus
Eastern Equine Encephalitis	Parainfluenza	Varicella zoster
Enterovirus	Parasitology serology	Vibrio
Ehrlichia	Pertussis	West Nile Virus
Hantavirus	Q Fever	Yellow Fever

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