Nebraska Public Health Laboratory
SHIPPING ADDRESS:
Client Services
Nebraska Public Health Laboratory
4400 Emile Street, UT 3314
Omaha, NE 68105

Phone: 402.559.2440 - Toll Free: 866.290.1406 - Fax: 402.559.9497

NPHL Test Request Form

ALL SHADED AREAS REQUIRED

PATIENT LAST NAME	FIRST NAME	MI	COLLECTION DATE	TIME
			/ /	AM/PM
DOB MM/DD/YYYY	GENDER		PT. ID#/ ADDITIONAL INFO	PROVIDER (LAST, FIRST, MI) (NPI)
/ /	M ☐ F ☐ Pregnant: Yes ☐ No ☐			

PATIENT ADDRESS	APT
CITY	STATE ZIP
PHONE NUMBER - -	

RACE: ☐ White ☐ Black ☐ American Indian ☐ Asian/Pacific Islander ☐ Unknown ☐ Other
ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Clinical Diagnosis/Etiology Agent:
Date of Onset: Recent Travel: ☐ No ☐ Yes, Specify Below
State/Country: Travel Dates:

Source: ☐ Blood ☐ Bronchial Aspirate ☐ Cervical ☐ Serum ☐ CSF ☐ Nasopharyngeal ☐ Rectal ☐ Sputum ☐ Stool ☐ Throat ☐ Urethral ☐ Urine ☐ Vagina ☐ Other: _____(Specify) ☐ Wound

Submitted to NPHL by:
Account Number (call NPHL client services if unknown):
Account Name:
Address:
City, State & Zip Code:
Phone Number: Fax Number:
Originating Laboratory or Clinic:
Name:
City and Phone Number:
Email Address:

Below tests require approval from your Local Health Department or the State Epidemiology Program before submission
Visit http://dhhs.ne.gov for a complete listing of health departments & contact information.

Test approved by: Date:
Date of approval:
Collected by: Phone #

REPORTABLE CONFIRMED ORGANISM/BANK ONLY

☐ Shiga toxin positive E. coli	(NPHLBK)
☐ Haemophilus influenzae (sterile site only)	(NPHLBK)
☐ Listeria monocytogenes	(NPHLBK)
☐ Legionella pneumophila	(NPHLBK)
☐ Salmonella List Serogroup (if known):_____	(NPHLBK)
☐ Shigella spp. not sonneii List Species:_____	(NPHLBK)
☐ Streptococcus pneumoniae (sterile site only)	(NPHLBK)
☐ Vibrio spp. List Species:_____	(NPHLBK)
☐ Yersinia ssp. List Species:_____	(NPHLBK)

CONFIRMATION IDENTIFICATION FROM ISOLATE

☐ Candida auris	(ORGCU)
☐ Shiga toxin positive E.coli	(HECCU)

SEROTYPING/SEROGROUPING ISOLATE

☐ Neisseria meningitidis (sterile sites only)	(BNK)

STOOL POSITIVE FOR GI PATHOGEN BY PCR (NAAT) OR EIA

Provide test method used to detect positive:

☐ Cryptosporidium	(NPHLBK)	☐ Salmonella	(ORGSS)
☐ Cyclospora	(NPHLBK)	☐ Yersinia	(ORGISO)
☐ Vibrio	(ORGISO)	☐ Shiga toxin positive E.coli	(HECCU)

Do not send in formalin-SAF, PVA, Protofix

ANTIBIOTIC RESISTANCE CONFIRMATION/SCREEN

☐ CRE or Presumptive CPE**	(MCIMAR)
☐ VISA/VRSA	(ORGCU)

**** CRE/CPE Supplemental Form Required****

RESPIRATORY MOLECULAR DIAGNOSTICS

☐ SARS - CoV-2/Influenza A and B/RSV	(NCOV4)

SUSPECT BT ORGANISM/HIGH CONSEQUENCE INFECTIOUS DISEASE

Page 402.888.5588 prior to referral. Include all biochemical results

☐ Bacillus spp.	(BTID)
☐ Brucella spp.	(BTID)
☐ Burkholderia spp.	(BTID)
☐ Francisella spp.	(BTID)
☐ Orthopoxviruses	(BTID)
☐ Yersinia spp.	(BTID)
☐ MPOX	(MPOX)
☐ OTHER:	

BACTERIOLOGY/GENERAL

☐ Bordetella purtussis culture	(BPERT)
☐ Legionella spp culture	(LEGCU)

MYCOLOGY

☐ Identification from isolate	(FUNID)

PARASITOLOGY

☐ Ectoparasite ID (Indicate Source)	(ECTO)

☐ Bedbug ☐ Lice ☐ Tick ☐ Worm ☐ Other:

MOLECULAR

☐ Measles Virus PCR	(CDCSO)
☐ Mumps Virus PCR	(CDCSO)
☐ Norovirus RNA (stool)	(NVOBD)
☐ Gastrointestinal Panel	(GIP)
☐ Meningitis/Encephalitis Panel	(MEEP)
☐ Respiratory Pathogen Panel	(RESPP)

SEROLOGY

☐ Measles (Rubeola) virus IgG	(MEAT)
☐ Measles virus IgM	(SPPRB)
☐ Mumps virus IgG	(MUMPG)
☐ Mumps virus IgM	(MUMPM)
☐ West Nile virus IgG*/IgM* ☐ Serum ☐ *CSF	(WNSER/WNCSF)

***If immunosuppressed, please also order West Nile PCR (WNLPCR)**

MYOBACTERIUM TUBERCULOSIS (MTB)

** See MTB Supplemental Form for available tests and order codes **

Additional Testing/Comments/Other:

Revised 6.20.2025