

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		GENDER		PT. ID#/ ADDITIONAL INFO		PROVIDER
M F		Pregnant: Yes No				(LAST, FIRST, MI) (NPI)
PATIENT ADDRESS				Submitted to NPHL by:		
APT				Account Number (call NPHL client services if unknown):		
CITY		STATE		Account Name:		
		ZIP		Address:		
PHONE NUMBER				City, State & Zip Code:		
RACE:		White Black American Indian		Phone Number:		Fax Number:
		Asian/Pacific Islander Unknown Other		Originating Laboratory or Clinic:		
ETHNICITY:				Name:		
Hispanic Non-Hispanic Unknown				City and Phone Number:		
Clinical Diagnosis/Etiology Agent:				Email Address:		
Date of Onset:		Recent Travel:		No		Yes, Specify Below
State/Country:		Travel Dates:				
Source:		Blood		Bronchial Aspirate		Cervical Serum
		CSF		Nasopharyngeal		Rectal Wound
		Sputum		Stool		Throat
		Urethral		Urine		Vaginal
		Other: _____		(Specify)		
REPORTABLE CONFIRMED ORGANISM/BANK ONLY				BACTERIOLOGY/GENERAL		
Shiga toxin positive E. coli		(NPHLBK)		Bordetella pertussis culture (BPRT)		
Haemophilus influenzae (sterile site only)		(NPHLBK)		Legionella spp culture (LEGCU)		
Listeria monocytogenes		(NPHLBK)		MYCOLOGY		
Legionella pneumophila		(NPHLBK)		Identification from isolate (FUNID)		
Salmonella List Serogroup (if known): _____		(NPHLBK)		PARASITOLOGY		
Shigella spp. not sonnei List Species: _____		(NPHLBK)		Ectoparasite ID (Indicate Source) (ECTO)		
Streptococcus pneumoniae (sterile site only)		(NPHLBK)		Bedbug Lice Tick Worm Other:		
Vibrio spp. List Species: _____		(NPHLBK)		MOLECULAR		
Yersinia spp. List Species: _____		(NPHLBK)		Measles Virus PCR (CDCSO)		
CONFIRMATION IDENTIFICATION FROM ISOLATE				Mumps Virus PCR (CDCSO)		
Candida auris		(ORGCU)		Norovirus RNA (stool) (NVOBD)		
Shiga toxin positive E.coli		(HECCU)		Gastrointestinal Panel (GIP)		
SEROTYPING/SEROGROUPING ISOLATE				Meningitis/Encephalitis Panel (MEEP)		
Neisseria meningitidis (sterile sites only)		(BNK)		Respiratory Pathogen Panel (RESPP)		
STOOL POSITIVE FOR GI PATHOGEN BY PCR (NAAT) OR EIA				SEROLOGY		
Provide test method used to detect positive:				Measles (Rubeola) virus IgG (MEAT)		
Cryptosporidium (NPHLBK)		Salmonella (ORGSS)		Measles virus IgM (SPPRB)		
Cyclospora (NPHLBK)		Yersinia (ORGISO)		Mumps virus IgG (MUMPG)		
Vibrio (ORGISO)		Shiga toxin positive E.coli (HECCU)		Mumps virus IgM (MUMPM)		
Do not send in formalin-SAF, PVA, Prototfix				West Nile virus IgG*/IgM* Serum *CSF (WNSER/WNCFSF)		
ANTIBIOTIC RESISTANCE CONFIRMATION/SCREEN				*If immunosuppressed, please also order West Nile PCR (WNLPCR)		
CRE or Presumptive CPE**		(MCIMAR)		MYOBACTERIUM TUBERCULOSIS (MTB)		
VISA/VRSA		(ORGCU)		** See MTB Supplemental Form for available tests and order codes **		
** CRE/CPE Supplemental Form Required**				Additional Testing/Comments/Other:		
RESPIRATORY MOLECULAR DIAGNOSTICS						
SARS CoV-2		(NCOVFL)				
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:						