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

NPHL Nebraska Public Health Laboratory

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
/ / MM/DD/YYYY	M ☐ F ☐ Pregnant: Yes ☐ No ☐			(LAST, FIRST, MI) (NPI)

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 ☐ Wound ☐ Sputum ☐ Stool ☐ Throat ☐ Urethral ☐ Urine ☐ Vaginal ☐ Other: _____(Specify)

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

Do not send in formalin-SAF, PVA, Protofix

ANTIBIOTIC RESISTANCE CONFIRMATION/SCREEN

- ☐ CRE/CRPA or Presumptve CRE/CRPA** (MCIMAR)
- ☐ CRAB or Presumptive CRAB** (CARBAR)
- ☐ 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 (MEASLE)
- ☐ 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 8.19.2025