

Bacterial Sepsis/Meningitis PCR Specimen Test Request

MDL Accession Number: _____

(Please complete required information as much as possible)

Date Received: _____

Patient's name (last, first)	Age or DoB	Gender
Patient's address		
Physician's Name		
Phone Number		
Clinical condition or suspected disease		
Antibiotics administered? (Check one): Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, was it given before specimen collection? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Submitters		
Name:		
Address:		
Phone number:		
Fax number:		

Description of Specimen
Date collected
Specimen Source
<input type="checkbox"/> Blood preservative: _____ <input type="checkbox"/> CSF volume: _____ <input type="checkbox"/> Other (specify): _____
Original specimen Gram stain results
Date of culture
Final culture results & date reported
(Note: PCR will not be done on culture-positive specimen.)
CSF Specimen Only Exam Results:
WBC count: _____
Protein: _____
Glucose: _____

Major clinical findings, travel history, treatment, & date given (please include vaccine history)

Do not fill out below this line

Report of State Laboratory Investigation	
<input type="checkbox"/> <i>Neisseria meningitidis</i> DNA detected by PCR <input type="checkbox"/> Serogroup B <input type="checkbox"/> Serogroup C <input type="checkbox"/> Serogroup Y <input type="checkbox"/> Serogroup undetermined <input type="checkbox"/> <i>Neisseria meningitidis</i> DNA not detected by PCR <input type="checkbox"/> <i>Neisseria meningitidis</i> PCR not performed <input type="checkbox"/> NO EXAM MADE	<input type="checkbox"/> <i>Streptococcus pneumoniae</i> DNA detected by PCR <input type="checkbox"/> <i>Streptococcus pneumoniae</i> DNA not detected by PCR <input type="checkbox"/> <i>Streptococcus pneumoniae</i> PCR not performed <input type="checkbox"/> <i>Haemophilus influenzae</i> DNA detected by PCR <input type="checkbox"/> <i>Haemophilus influenzae</i> DNA not detected by PCR <input type="checkbox"/> <i>Haemophilus influenzae</i> PCR not performed <input type="checkbox"/> INADEQUATE SPECIMEN FOR TESTING. --Please submit new sample.

Comments

Disclaimer: This test was developed and its performance characteristics determined by the Microbial Diseases Laboratory of the California Department of Public Health. It has not been cleared or approved by the U.S. Food and Drug Administration.

Date reported	Report approved by
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