

Bordetella pertussis PCR Specimen Test Request

(Please complete required information as much as possible)

MDL USE	accession number:
	received date:

<table border="1"> <tr> <td>Patient's name (last, first)</td> <td>Age or DOB</td> <td>Gender</td> </tr> </table>	Patient's name (last, first)	Age or DOB	Gender	<p align="center"><u>Description of Specimen</u></p> <p>Date collected</p> <p>Antibiotic used before specimen collection? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what and when was given?</p> <p>Specimen culturing result (if applicable) (culture starting & reporting dates, & ID)</p> <p>Type of specimen submitted and transport method (e.g., nasopharyngeal specimen swab dipped in Regan-Lowe medium)</p>
Patient's name (last, first)	Age or DOB	Gender		
Patient's address				
Vaccination history (names of bacterial vaccines used, use date)				
Physician's Name Phone Number Fax Number				
Submitter information Name: Address: Phone number: Fax number:				
Disease onset date, clinical findings (e.g., duration of cough, presence of coughing spasms, inspiratory whoop, post-tussive vomiting, and response to antibiotic treatment), travel history				

Final Report of State Laboratory Investigation (Do not fill out below this line)

<input type="checkbox"/> <i>Bordetella pertussis</i> DNA detected by PCR	<input type="checkbox"/> Specimen sent to CDC (additional typing)
<input type="checkbox"/> <i>Bordetella pertussis/Bordetella holmesii</i> DNA detected by PCR	<input type="checkbox"/> Inadequate specimen for testing & please submit new sample
<input type="checkbox"/> <i>Bordetella pertussis/Bordetella holmesii</i> NOT DNA detected by PCR	<input type="checkbox"/> No exam made
Comments	
<p>Disclaimer The PCR tests were developed and their performance characteristics determined by the Microbial Diseases Laboratory of the California Department of Public Health. The tests have not been approved by the U.S. Food and Drug Administration.</p>	
Report approved by:	Date: