

Public Health Laboratory of East Texas The University of Texas Health Science Center at Tyler		CLIA# 45D1011121
11949 US Highway 271 N Tyler, Texas 75708	Laboratory Director Richard J. Wallace Jr., M.D.	
Phone 903-877-5071 Fax 903-877-5259	24-hour Emergency Phone 903-312-3537	



SUBMITTER INFORMATION			
SUBMITTER			
ADDRESS			
CITY	STATE TX	ZIP CODE	
PHONE	email-	FAX	
LABORATORY CONTACT NAME AND NUMBER (FOR QUESTIONS)			
PANIC VALUE-CONTACT NUMBER (24/7)			
PATIENT INFORMATION		PLACE LABEL HERE	
PATIENT NAME (LAST, FIRST, MI)			
DATE OF BIRTH	AGE	SEX Male/Female	SSN
ADDRESS	CITY	STATE/ZIP CODE	
DATE AND TIME OF COLLECTION		PHONE	
DATE OF ONSET	DIAGNOSIS/SYMPTOMS	RISK	
OUTBREAK ASSOCIATION: Y/N SURVEILLANCE: Y/N CIRCLE ONE: INPATIENT/OUTPATIENT			
ORDERING PHYSICIAN			
SPECIMEN SOURCE OR TYPE (Circle one)			
PLASMA	WHOLE BLOOD	NASOPHARYNGEAL SWAB/ASPIRATE	
WOUND SWAB/ SOURCE-		THROAT SWAB	SPUTUM
TRACHEAL ASPIRATE	PLEURAL FLUID	SERUM	CSF/SPINAL FLUID
BACTERIAL ISOLATE	VIRAL CULTURE	OTHER (describe)	
TEST REQUESTED (Place a check mark in the box to the left of the test requested)			
<input type="checkbox"/> BIOTERRORISM RULE IN/RULE OUT SUSPECTED ORGANISM _____ <input type="checkbox"/> INFLUENZA BY RT-PCR <input type="checkbox"/> AVIAN FLU <input type="checkbox"/> ARBOVIRUS PANEL (includes Zika, dengue, and Chikungunya) <input type="checkbox"/> COVID-19 PCR <input type="checkbox"/> OTHER (specify)			
TO BE COMPLETED BY PHLET PERSONNEL:			
OTHER TESTS: CALL PHLET FOR APPROVAL			
SPECIMEN RECEIVED BY		DATE/TIME	
CONDITION:	Refrigerated 2-8 Celsius	Room Temp 15-30 Celsius	Frozen less than -20 Celsius

FOR ALL BT SUBMISSIONS and tests marked with an * NOTIFY DSHS at 1-866-310-9698

IF APPLICABLE, PLEASE DESCRIBE ANY EXPOSURES RELATED TO THIS SUBMISSION:
