ENTERIC BACTERIOLOGY (ENTEROBACTERIACEAE)

N.C. Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive • P.O. Box 28047
Raleigh, NC 27611-8047

Please Give All Information Requested | *Attach Printed Label Below*

Patient Information

Last Name

First Name | MI

Maiden Name/Surname

Address/Attention:

Street Address: | Address 2: | City:

State: | Zip Code: | County Code: | County Name: | Phone Number:

SSN: __ __ __/__ __/__ __ __ __ | Medicaid Number (if applicable): __ __ __ __ __ __ __ __ __ __

Medical Record Number: | Date of Birth: __ __/__ __/__ __ __ __

Sex:
- ❑ Male
- ❑ Female
- ❑ Unknown
- ❑ Ambiguous
- ❑ Transgender M2F
- ❑ Transgender F2M
- ❑ Transgender Unknown

Race (mark all that apply):
- ❑ White
- ❑ Black
- ❑ Asian
- ❑ Unknown
- ❑ American Indian/ Alaska Native
- ❑ Native Hawaiian/ Pacific Isles

Ethnicity:
- ❑ Hispanic or Latino Origin
- ❑ Non-Hispanic
- ❑ Unknown

Submitter

EIN: 560529994 __ __ __ __ __ - __ __ | Submitter Name: Alamance Regional Medical Center

Address: 1240 Huffman Mill Rd | Address 2: | City: Burlington

State: NC | Zip Code: 27215 | County Name: Alamance

Phone Number: 336 538 7810 | Email Address: | Fax Number: 336 538 7822

Ordering Provider NPI: | Ordering Provider First and Last Name:

Specimen

Collection Date: __ __/__ __/__ __ __ __ | Reason for Testing (ICD-10 Dx Code):

Specimen Type: For STEC only
- ❑ Clinical
- ❑ Isolated Organism (describe):________________

Specimen Source: For STEC only
- ❑ Stool
- ❑ Blood
- ❑ Rectal Swab
- ❑ Urine
- ❑ Wound Site: ________________
- ❑ Other: ________________

Test Ordered:
- ❑ **Enteric Pathogens**
- ❑ **E. coli 0157/STEC**
- ❑ **Salmonella**
- ❑ **Campylobacter**
- ❑ **Shigella**
- ❑ **Yersinia**
- ❑ **Other** ________________

Laboratory Number:

Do Not Write in this Space

Other

Please fill in if applicable
Foreign or domestic travel? Where? ________________
Suspect foodborne? Food handler? ________________
Daycare?________________