

Please send specimen(s) to: New York State Department of Health, Wadsworth Center
Address: David Axelrod Institute, 120 New Scotland Avenue, Albany, NY 12208
Rabies Lab only: Courier Address: 5668 State Farm Road, Slingerlands, NY 12159

For more information about the Infectious Diseases laboratories at the Wadsworth Center, go to:
<https://www.wadsworth.org/programs/id>

Patient Demographics and Requesting Provider *required information

Last name or Patient code*	First name*	MI	DOB*	Sex*	
_____	_____	_____	____/____/____	Male Female None Assigned	
Permanent Street Address	Facility of Residence (if applicable)		City	State*	Zip Code
_____	_____		_____	_____	_____
NYS County of Residence*	Patient Telephone Number	Patient Reference Number	NYS DOH Outbreak Number	CDESS Case Number	
_____	() -	_____	_____	_____	
Race (select one or more)	American Indian or Alaskan Native Native Hawaiian or Pacific Islander	Asian White	Black or African American	Ethnicity	Hispanic or Latino Not Hispanic or Latino
Current gender identity	Male (M) Female (F) Transgender M-to-F Transgender F-to-M Nonconforming Other(specify)_____				

Employer	Work Street Address	City	State	Zip Code
_____	_____	_____	_____	_____
Occupation	Work Telephone Number () -			
_____	_____			
Name- Health Care Provider (HCP)	National Provider Identifier (NPI):			
_____	_____			
HCP Telephone Number () -	Zip Code for HCP			
_____	_____			

Submitting Facility (Laboratory report will be sent to this address) *required information

Name*	Laboratory PFI
_____	_____
Address*	NPI
_____	_____
Attention to / Contact Person	Telephone Number* () -
_____	_____

Specimen Information *required information

Collection Date*: ____ / ____ / ____	Time Collected (if applicable):	Date of Symptom(s) Onset: ____ / ____ / ____
Source(s)* _____	Primary _____ Isolate _____	Autopsy _____
Specimen submitted on/in (specify media/preservative/cell line)		Submitter's Specimen Identifier(s) : _____
_____		_____

Laboratory Examination Requested

Confirmation	Identification / Detection	Submitter Lab Findings: Smear/Stain/Other: _____
Bacterial _____	Parasitic _____	
Antimicrobial Resistance Laboratory Network Susceptibility	Malaria Drug Susceptibility	
Other susceptibility (please specify): _____	Serology _____	
Fungal _____	Viral** _____	
Antimicrobial Resistance Laboratory Network Susceptibility	Viral Encephalitis PCR Panel on CSF	
Other Antifungal Susceptibility _____	Influenza Antiviral Susceptibility	
Mycobacterial _____	Other _____	

Clinical History

COVID-19 First Test*	Yes No Unknown	Donor Screening	Pregnant (trimester)			
Relevant Exposure:	Health Care Worker Resident in a congregate care setting Contact w/known case Travel Animal Arthropod Food/Water					
Exposure Detail:	Hospitalized: Yes No ICU Hospital Name					
Diagnosis:	Fever (max): CSF: Glu Prot RBC WBC					
Relevant Treatment:	Date: / / Relevant Immunization: Date: / /					
**Symptoms – select severity:	Asymptomatic Mild Severe Unknown					
(Check all applicable below)	Other symptoms:					

Cardiovascular	Central Nervous System	Rash	Respiratory	Miscellaneous	
Endocarditis	Altered Mental Status	Hemorrhagic	Bronchitis	Arthralgia	Lymphadenopathy
Myocarditis	Encephalitis	Maculopapular	Cough	Conjunctivitis	Malaise
Pericarditis	Headache	Petechial	Pneumonia	Hepatitis	Myalgia
	Meningitis	Vesicular	Upper Respiratory	Hepatomegaly	Splenomegaly
	Paralysis			Immunocompromised	

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Submitter (test ordered by)

*required information

Name*:

Address*:

Contact Person*:

Phone*: () -

Sample Information

Collection Date*: / / Rabies Lab Only Second Collection Date: / /

NYSDOH Outbreak Number:

Collection Site:

Street Address:

City:

State:

Zip Code:

NYS County:

Laboratory Examination Requested

Bacterial Fungal Mycobacterial Parasitic Serology Viral Other

Suspect Organism/Agent:

Animal

Domestic Wild

Avian Mammal Reptile Other

Common Name or Species:

Submitter Sample Number:

Sample Source:

Domestic Animal Owner Name:

Animal Name:

Comments:

Food

Brand Name:

Lot Number:

USDA Number:

Sell By Date: / /

Sample Description:

Comments:

Environmental

Source Description:

Describe below samples taken; use separate sheets if necessary.

Sample type (sponge, swab, water, soil, etc.)	Identifier (Room number, etc.)	Sample type (sponge, swab, water, soil, etc.)	Identifier (Room number, etc.)

Comments: