



Clinical Specimen Submission Requisition

Please make sure the information on the form is legible and complete.

SUBMITTER INFORMATION

PATIENT INFORMATION

Form containing fields for Patient ID Number, Submitting Facility, Street Address, City, State, Zip, Patient Name (Last, First, MI, Suffix), County of Residence, Date of Birth, Address, City, State, Zip Code, Sample Collection Facility (if not submitting facility), Specimen Source, Race, Sex, Ethnicity, Specimen Type and Date of Collection, Additional Information, Specimen Source (Abscess, Biopsy, Body Fluid, Tissue, Other, Blood, Plasma, Swab, Wound, etc.), Bacteriology (Enteric Culture, Miscellaneous Aerobic Culture, Enteric Isolate, Miscellaneous Isolate), Requested Test (Mycobacteriology, Parasitology, Serology), and Molecular (Epi approval required) tests.

Mississippi State Department of Health Form Instructions

CLINICAL SPECIMEN SUBMISSION REQUISITION

FORM NUMBER F-1252
REVISION DATE 08/06/2021
RETENTION PERIOD The MSDH Laboratory will retain the original form in accordance with Clinical Laboratory Improvement Amendments (CLIA) regulations

PURPOSE

To collect submitter information, patient demographics and specimen information for specimens submitted from clinical laboratories for testing.

INSTRUCTIONS

Submitter Information- Left hand side of requisition

Record all requested information

Patient ID Number: Enter the submitter's patient identification number. **Submitter Name:** Enter the submitting facility's full name.

Street Address: Enter the submitting facility's street address **City:** Enter the submitting facility's city

State: Enter the submitting facility's state **Zip:** Enter the submitting facility's zip code

Phone Number: Enter the submitting facility's phone number

Contact Name: Enter the name of the submitting facility's contact if applicable **Contact:** Enter the phone number of the submitting facility's contact if applicable

Patient Information – Right hand of requisition

Patient Name- Enter the patient's LAST NAME, FIRST NAME, MIDDLE INITIAL and SUFFIX in sequence. The spelling of the patient's name on the laboratory slip and the specimen container/tube must be identical.

Name listed must be legal name; DO NOT use nicknames.

County of Residence- Enter the county where the patient currently resides (Hinds, Rankin, etc.).

Date of Birth- Provide in MM/DD/YY format.

Address - Enter the complete address where the patient currently resides.

City - Enter the name of the city in which the patient resides.

State - Enter the state in which the patient resides.

Zip Code - Enter the Zip Code of the patient's address.

Phone Number – Enter patient's telephone number including area code.

Specimen Type and Date of Collection: Mark primary or isolate for the type specimen being submitted.

Provide the Date of collection in MM/DD/YY format.

Specimen Source: Select the source of the specimen. If other, write in the source.

Test Requested: Check the box by the appropriate test requested. If other, write in the requested test.

Race – Check the box associated with the patient's race.

Ethnicity- Check the appropriate box.

Gender- Check the appropriate box (male or female)

Sample Collection Facility (if not submitting facility):

Record all requested information about the facility where original specimen was collected (i.e. nursing home, clinic, etc.).

Specimen Type, Date of Collection, Specimen Source, Additional information and Requested Test:

Provide all applicable information requested or check appropriate box.

OFFICE MECHANICS AND FILING

This form must accompany each patient for whom specimens are submitted to the MSDH Laboratory. A copy should be retained by the submitter as documentation of submission. Test results will be reported via computer generated report and forwarded to the submitter.