

**NEVADA STATE PUBLIC HEALTH LABORATORY****1660 NORTH VIRGINIA STREET, RENO, NV 89503****Phone: (775) 688-1335 Fax: (775) 688-1460****LAB DIRECTOR: Timothy Southern, MS, PhD, D(ABMM) CLIA: 29D06527-48 NV State 1479PHL-0****Client:****Address:****City, State Zip:**

\*\*Please include patient's address and provider's zip code for NV State Epidemiology.

**Phone:****Fax:****Patient Name (Last, First, MI): \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_****Patient ID #: \_\_\_\_\_ Requesting Provider (Mandatory): \_\_\_\_\_****Patient Zip Code (Mandatory for NV Epidemiology): \_\_\_\_\_****Patient's Address w/ Zip Code (Mandatory for NV Epi): \_\_\_\_\_**

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**Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ Specimen Source: \_\_\_\_\_****Diagnosis Code(s) (ICD-10): \_\_\_\_\_ (if not listed below see super bill)**

<input type="checkbox"/> Z11.3 Screening (routine STD)	<input type="checkbox"/> Z72.51 High Risk Heterosexual Behavior	<input type="checkbox"/> Z23 Hepatitis Screen
<input type="checkbox"/> Z20.2 Exposure/Contact to STD	<input type="checkbox"/> Z72.52 High Risk Homosexual Behavior	<input type="checkbox"/> R30.0 Dysuria
<input type="checkbox"/> R10.2 Pelvic Pain	<input type="checkbox"/> A54.9 Gonococcal Infection	<input type="checkbox"/> N89.8 Vaginal discharge
<input type="checkbox"/> N34.1 Nonspecific Urethritis		

<input checked="" type="checkbox"/>	Test	<input checked="" type="checkbox"/>	Test	<input checked="" type="checkbox"/>	Test
<input type="checkbox"/>	Adenovirus	<input type="checkbox"/>	Giardia DFA	<input type="checkbox"/>	Respiratory Virus Panel, PCR
<input type="checkbox"/>	Blood Lead	<input type="checkbox"/>	Hantavirus Serology	<input type="checkbox"/>	Rotavirus
<input type="checkbox"/>	Bordetella pertussis, PCR only	<input type="checkbox"/>	Hep A IgG	<input type="checkbox"/>	<b>RPR w Reflex</b>
<input type="checkbox"/>	Chagas Disease, Serology	<input type="checkbox"/>	Hep B Surface Antigen (HBSAG)	<input type="checkbox"/>	<b>RPR Titer only (Previous Positive)</b>
<input type="checkbox"/>	Cryptosporidium DFA	<input type="checkbox"/>	Hep B Surface Antibody (HBSAB)	<input type="checkbox"/>	Rubella, Total
<input type="checkbox"/>	CT/GC Circle Source: Urine Throat Rectal Cervix Urethra Vag	<input type="checkbox"/>	Hep Be AB	<input type="checkbox"/>	Salmonella Screen
<input type="checkbox"/>	<b>Candida Auris PCR</b>	<input type="checkbox"/>	Hep Be Ag	<input type="checkbox"/>	Salmonella Serotyping
<input type="checkbox"/>	<b>AFB MTB NAAT (PCR)</b>	<input type="checkbox"/>	Hep B Surface Antibody Quant	<input type="checkbox"/>	Shigatoxin (EHEC) Confirmation
<input type="checkbox"/>	<b>AFB SUSCEPTIBILITY</b>	<input type="checkbox"/>	Hep B Core, Total	<input type="checkbox"/>	Shigella Screen
<input type="checkbox"/>	<b>Culture, AFB (TB) (Includes smear, susceptibility)</b>	<input type="checkbox"/>	Hep C Antibody	<input type="checkbox"/>	Shigella Serotyping
<input type="checkbox"/>	Culture, Grp A Strep Throat Screen	<input type="checkbox"/>	<b>Herpes Simplex Virus Screen</b>	<input type="checkbox"/>	Serotyping / Confirmation
<input type="checkbox"/>	Culture, Fungus	<input type="checkbox"/>	Herpes Simplex Virus Typing	<input type="checkbox"/>	Spore Test

<input type="checkbox"/>	Culture, Genital	<input type="checkbox"/>	<b>HIV-1/2 4th Generation w Reflex</b>	<input type="checkbox"/>	<b>TP-PA</b>
<input type="checkbox"/>	Culture, Respiratory	<input type="checkbox"/>	<b>Influenza, PCR</b>	<input type="checkbox"/>	<b>Trichomonas vaginalis, PCR</b> Circle source: Urine Cervix Urethra Vag
<input type="checkbox"/>	Culture, Throat	<input type="checkbox"/>	Malaria smear	<input type="checkbox"/>	Triplex ZIKA-Urine
<input type="checkbox"/>	Culture, Trichomonas (slide)	<input type="checkbox"/>	Measles, IgG IgM-Quest	<input type="checkbox"/>	Triplex ZIKA- Serum
<input type="checkbox"/>	Culture, Stool	<input type="checkbox"/>	Measles, PCR	<input type="checkbox"/>	VDRL
<input type="checkbox"/>	Culture, Urine	<input type="checkbox"/>	MUMPs, PCR	<input type="checkbox"/>	Varicella zoster, PCR
<input type="checkbox"/>	Culture, Wound	<input type="checkbox"/>	Norovirus, PCR	<input type="checkbox"/>	West Nile Virus-ELISA IgG and IgM
<input type="checkbox"/>	Ebola (Pre-approval required)	<input type="checkbox"/>	Ova & Parasites	<input type="checkbox"/>	Yellow Fever, CDC
<input type="checkbox"/>	Food Testing	<input type="checkbox"/>	QuantiFERON Gold Plus	<input type="checkbox"/>	Zika Virus IgM AB (Pre-approval required)
<input type="checkbox"/>	FTA-ABS	<input type="checkbox"/>	Reference (Isolate)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Gastrointestinal Panel-PCR	<input type="checkbox"/>	<b>COVID-19 MULTIPLEX</b>	<input type="checkbox"/>	-