GUAM PUBLIC HEALTH LABORATORY
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
761 South Marine Corps Drive, Tamuning, Guam 96913
Telephone: (671) 300-9080/9081/9082/9083
Fax: (671) 300-9098
(PLEASE PRINT LEGIBLY)

GPHL LABORATORY NUMBER

DATE RECEIVED

THIS AREA FOR GPHL USE ONLY

ORDERING CLINIC/PHYSICIAN

Physician: ______
Clinic: ______
Street: ______
City: ______ State: ______
Country: ______ Zip Code: ______
Contact Phone Number and/or Email:

SUBMITTING LABORATORY (IF APPLICABLE)

Lab Name: ______
Street: ______
City: ______ State: ______
Country: ______ Zip Code: ______
Contact Phone Number and/or Email:

CLINICAL DIAGNOSIS	DATE OF ONSET

I. PATIENT IDENTIFICATION

LAST NAME	FIRST NAME AND MIDDLE INITIAL	MEDICAL RECORD NO:

DATE OF BIRTH (mm/dd/yyyy)	RACE	ETHNICITY	SEX	PROGRAM (DPHSS Clinic only)

II. RESIDENT ADDRESS (Physical place of residence Street, City, Zip Code)

Street:
City: State:
Country: Zip Code:

III. CONTACT INFORMATION.:

Phone No.: Email:

IV.ADDITIONAL INSTRUCTIONS / INFORMATION:

V. SPECIMEN INFORMATION

TYPE OF SPECIMEN AND SITE OF COLLECTION:

METHOD OF COLLECTION AND TRANSPORT MEDIUM:

☐ FAST ☐ NONE FAST	COLLECTION DATE	COLLECTION TIME ☐ AM ☐ PM	INITIALS

SEROLOGY OF SPECIMEN *(If applicable)*
COLLECTION DATE:
☐ ACUTE (S1): ______ ☐ CONVALESCENT (S2): ______
☐ S3: ______ ☐ S4: ______
☐ OTHER (Specify): ______

VI. GENERAL TREATMENT INFORMATION (FOR AFB/TB SAMPLES ONLY)

Specimen Number: ______ of ______ (total number of specimens in a batch)
Reason for Examination: ☐ Diagnosis ☐ Follow-up Follow-up collection schedule: ☐ Weekly ☐ Monthly ______ (indicate month)
TB Suspicion (diagnosis only): ☐ High ☐ Low

VII. TEST(S) REQUESTED:

Individual Tests:

☐ Acid Fast Bacilli (AFB) Smear
☐ COVID-19/SARS-CoV-2 NAAT/PCR
☐ Dengue Virus PCR (Reflex to Serotyping)
☐ Hansen's Disease MI-BI
☐ Hematocrit / ☐ Hemoglobin
☐ Hepatitis B Virus Surface Antigen
☐ Hepatitis C Virus Rapid Test
☐ HIV 1/2 Antigen-Antibody Rapid Test (Reflex to Confirmatory Testing)
☐ Influenza Virus PCR (Reflex to Subtyping)
☐ Leptospira Antibody IgM Latex Agglutination
☐ Mpox PCR
☐ MTB/RIF NAAT/PCR[1]
☐ Mumps Virus Antibody IgM
☐ Pregnancy Test (Urine specimens only)
☐ RPR and Titer (Reflex to Serodia TP-PA)
☐ RSV NAAT/PCR
☐ Rubella Virus Total Antibody Screening
☐ Rubella Virus Antibody IgM
☐ Rubeola (Measles) Virus Antibody IgM
☐ Syphilis Health Check Rapid Test

Panel Tests:

☐ Acid Fast Bacilli (AFB) Smear and Culture
☐ AFB Smear and MTB/RIF NAAT/PCR[1]
☐ *Chlamydia trachomatis* (CT) and *Neisseria gonorrhea* (NG) NAAT/PCR
☐ Flu A/B / SARS-CoV-2 / RSV NAAT/PCR
☐ Flu A/B / SARS-CoV-2 NAAT/PCR
☐ Gastrointestinal Panel PCR
☐ Respiratory Panel PCR
☐ Trioplex (Dengue, Zika, Chikungunya) Panel

☐ **Other (specify):** ______

Notes:
1 For diagnostic sputum specimens only. Requires 1 mL or more of specimen volume. Performed on one (1) specimen per batch.

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