Reference List of Laboratory Tests

I. Purpose

To provide a list of agents or conditions for which testing is available for county health departments and other clinical partners. Applicable ordering, specimen information, testing, mailing containers and resulting required for each condition is listed.

II. Procedural instructions

Good laboratory practices include the following:

1. Follow the manufacturer’s instructions for specimen collection and handling.
   - Are specimens stored at the proper temperature?
   - Are the appropriate collection containers used?

2. Be sure to properly identify the patient.
   - Does the name on the test requisition match the patient’s name?
   - Does the name on the patient’s chart match the name on the patient’s identification?
   - If more than one patient is present with the same first and last name, how do you determine which one is the test patient? (Look for possible gender differences, social security number, patient identification number, birthdates, different middle name, and relevance of the test to the patient’s history).

3. Be sure to label the patient’s specimen for testing with two unique identifiers to each patient.

4. Inform the patient of any test preparation such as fasting, clean catch urines, etc.

Local Health Departments and other clinical partners are to refer to the following listing for specimen source, Outreach code for submission, and container supplied by the Division of Laboratory Services.

All submitters are required to follow federal and state regulations for packaging and shipping of specimens. Refer to 49CFR 171-180 for current regulations on packaging and shipping of infectious substances.

CPT codes listed in the DLS Reference List of Test is for reference only. It is the responsibility of each laboratory to determine correct CPT codes for billing.

For tests not listed, call the Division of Laboratory Services at (502)564-4446 for additional information.
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VIROLOGY

VIRAL SEROLOGY TO DETECT ANTIBODY

Tests for the following are performed under Antibody Detection:
- Varicella Zoster (Chickenpox)
- Mumps IgG
- Measles (Rubeola) IgG
- German Measles (Rubella) IgG
- SARS-CoV-2

Methodology: EIA

Specimen:
- 2 ml Serum or 6ml Whole Blood

Kit components ordered as needed:
- Red-stopper tube
- Electronic OUTREACH form or Lab Form #275 printed from Internet
- Address label
- Multi-shipper container with medium canister, bubble wrap, tube shuttle absorbent material
- Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack. Multi-shipper with cold pack- outside box with Styrofoam inside container, 95kPa bag, freezer pack

Collection and Packaging Instructions:

https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx

Multi-shipper with Cold Pack

<table>
<thead>
<tr>
<th>Test</th>
<th>Outreach Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella Zoster</td>
<td>VZE</td>
<td>86787</td>
<td>Immunity Range – Index Greater than or Equal to 1.10</td>
</tr>
<tr>
<td>Mumps</td>
<td>MUEG</td>
<td>86735</td>
<td>Mumps IgG antibody detected. Indicative of current or past infection, or consistent with immunity. Immunity Reference range ≥ 1.1 Index. IgM - Detected/Not Detected</td>
</tr>
<tr>
<td>Measles</td>
<td>MEAE</td>
<td>86765</td>
<td>Immunity Range – Index Greater than or Equal to 1.10</td>
</tr>
<tr>
<td>German Measles</td>
<td>RUBG</td>
<td>86762</td>
<td>Immunity Range – Index Greater than or Equal to 1.10</td>
</tr>
<tr>
<td>SARS-CoV-2</td>
<td>COVAB</td>
<td>86769</td>
<td>Negative for the presence of Total Anti-SARS-CoV-2 Nucleocapsid Antibodies</td>
</tr>
</tbody>
</table>
VIRAL PCR

Tests for the following are performed under Viral PCR:

- Chickenpox
- SARS-CoV-2
- Herpes
- Influenza
- Measles
- Mumps
- Norovirus
- Respiratory Panel

Methodology: Polymerase Chain Reaction (PCR)

Specimen:

- Chickenpox – Swab of lesion in Viral Transport Media
- SARS-CoV-2 – Nasopharyngeal swab, Nasal swab, Throat swab in Viral Transport Media; Throat swab or nasal swab in Aptima Multitest Swab Collection Kit
- Herpes – Swab of lesion in Viral Transport Media
- Influenza – Nasopharyngeal swab, Nasal, Tissue, Bronchial wash, Throat swab, Nasal wash all in Viral Transport Media. If sending lung tissue, send in a sterile container. No Formalin or Fixative.
- Measles – Throat swab, NP swab, or NP aspirate in Viral Transport Media
- Mumps – Buccal or throat swab in Viral Transport Media
- Norovirus – Stool, Emesis in sterile empty collection vial
- Respiratory Panel – Nasopharyngeal swab in Viral Transport Media

Kit components ordered as needed:

- Electronic OUTREACH form or Lab Form #275 printed from Internet
- Address label
- Multi-shipper with cold pack- outside box, with Styrofoam inside container/or comparable refrigerated cooler
- 1 freezer pack
- 1 95kPa bag/Absorbent Sheet
- 1 Viral Transport Media/swab
- Sterile empty collection vial (Norovirus)
- Red Stoppered Tube
Collection and Packaging Instructions:
Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack. Send Viral Transport Media specimen on cold pack. Ship Viral Transport Media frozen if delayed shipping.

https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx
Multi-shipper with Cold Pack and Multi-shipper with Cold Pack Virus

<table>
<thead>
<tr>
<th>Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Panel</td>
<td>RESP</td>
<td>87633</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>HSVP</td>
<td>87798</td>
</tr>
<tr>
<td>SARS-CoV-2</td>
<td>NCOV</td>
<td>CDC Panther GeneXpert - 87635-QW^2</td>
</tr>
<tr>
<td>Herpes</td>
<td>HSVP</td>
<td>87529 x2</td>
</tr>
<tr>
<td>Influenza</td>
<td>FPCR</td>
<td>87501</td>
</tr>
<tr>
<td>Measles</td>
<td>MEPCR</td>
<td>87798</td>
</tr>
<tr>
<td>Mumps</td>
<td>MUPCR</td>
<td>87798</td>
</tr>
<tr>
<td>Norovirus</td>
<td>NORX</td>
<td>87798 x2</td>
</tr>
</tbody>
</table>
**Tests Requested**

<table>
<thead>
<tr>
<th>Purpose of request:</th>
</tr>
</thead>
<tbody>
<tr>
<td>diagnostic (give onset)</td>
</tr>
<tr>
<td>immune status</td>
</tr>
<tr>
<td>antibody status</td>
</tr>
<tr>
<td>Deceased</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Result of prescreening:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Information:</td>
</tr>
<tr>
<td>(Use label or fill in completely)</td>
</tr>
<tr>
<td>Name (Last, First, MI)</td>
</tr>
<tr>
<td>Social Security #</td>
</tr>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>EO</td>
</tr>
<tr>
<td>Birthdate (yyyy-mm-dd)</td>
</tr>
<tr>
<td>Home Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>ZIP</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>Send Reports to:</td>
</tr>
<tr>
<td>Submitter</td>
</tr>
<tr>
<td>Street Address / P.O. Box</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>ZIP</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Fax</td>
</tr>
<tr>
<td>Physician (if other than Submitter)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Source / Date Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throat Swab</td>
</tr>
<tr>
<td>NP Swab</td>
</tr>
<tr>
<td>OP Swab</td>
</tr>
<tr>
<td>Nasal Swab</td>
</tr>
<tr>
<td>Genital Swab</td>
</tr>
<tr>
<td>CSF</td>
</tr>
<tr>
<td>Stool</td>
</tr>
<tr>
<td>Serum</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Hospilization</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Pregnant</td>
</tr>
<tr>
<td>________ weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLINICAL DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms: YES NO</td>
</tr>
<tr>
<td>Fever</td>
</tr>
<tr>
<td>Neurological</td>
</tr>
<tr>
<td>Headache</td>
</tr>
<tr>
<td>Respiratory</td>
</tr>
<tr>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>Fatigue</td>
</tr>
<tr>
<td>Rash</td>
</tr>
<tr>
<td>Lesions</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Immunizations / Date</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>MMR</td>
</tr>
<tr>
<td>Influenza</td>
</tr>
<tr>
<td>Varicella</td>
</tr>
<tr>
<td>COVID</td>
</tr>
<tr>
<td>Contacts / Recent Travel</td>
</tr>
<tr>
<td>Tick bite</td>
</tr>
<tr>
<td>Mosquito bite</td>
</tr>
<tr>
<td>Community</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Travel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DLS Laboratory Findings</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Laboratory #</th>
<th>Tech</th>
<th>Date Reported</th>
</tr>
</thead>
</table>

December 2021
RABIES DETECTION IN ANIMALS

Specimen:

- Animal head, Brain to include stem and cerebellum

Methodology: Microscopic Exam

Collection Kit (Rabies Kit) Furnished by State Lab Contains:

- Electronic OUTREACH form or Lab Form #254A printed from Internet
- Styrofoam Refrigerated Cooler System
- Address label
- Ice Pack
- 2 plastic Infecon bags (1 small and 1 large)
- 1 (large) white absorbent pad
- Zippered bag for form

Collection and Packaging Instructions:
Heads must be sent ASAP and packaged on cold packs. If shipping will be delayed, specimens should be frozen.

https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx
Rabies Packaging

<table>
<thead>
<tr>
<th>Outreach Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies</td>
<td>RABP</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No evidence of Rabies seen</td>
</tr>
</tbody>
</table>
KY Division of Laboratory Services

Lab 254A (Rev 9/2018)

KY Division of Laboratory Services
100 Sower Blvd, Suite 204
Frankfort, KY 40601
(502)564.4446

Kentucky Public Health

Rabies Examination

Rabies/Necropsy ________
Rabies Test Only ________
(No other Tests will be done)
Ref # ________

Incident Information

Kind of Animal: Dog _____ Cat _____ Fox _____ Skunk _____ Bat _____
Raccoon _____ Other ______
If applicable: Breed ______ Sex ______ Age ______ Color ______
Common Species Name ______
Was Animal: Owned _____ Vaccinated? Yes _____ No ______
Stray _____ Date _____/____ (Mo/Yr)
Symptoms suggestive of Rabies? Yes _____ No ______
If Yes, Describe ______
County of Incident: ______

Reason for Request

Person Bitten? Yes _____, (Name) __________________________
(Area of Body) __________________________
Person Exposed: Scratched _____ Licked _____ Touched ______
Animal Exposed: ________ No Known Exposure: ______

Specimen Information

Animal: Killed _____ Died _____ Date: _____/____/____ (Day/Mon/Year)
Packed For Shipment: Date: _____/____/____ (Day/Mon/Year)

Identification

Preference: (Must be a person’s name) Owner if known, or the person exposed
Name: __________________________ Phone: __________________________
Address: __________________________
City: __________________________ St: ______ Zip: ______
Submitting County Health Department: __________________________
City: __________________________ St: ______ Zip: ______ Phone: __________
If applicable: Vet Clinic; or Reference Lab
Name: __________________________ Address: __________________________
City: __________________________ St: ______ Zip: ______ Phone: __________

All below for DLS use ONLY

Date Received: __________
ID #: ________
Lab #: ________

Confirmatory: POS ________ Date / Time: ________
NEG ________ To: ________
Unsatisfactory: ________ By: ________
Reason Unsat: ________

Lab 254A (Rev 9/2018)
HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Specimen:
- 2 ml Serum or 6ml whole blood in red-stoppered tube.
- Plasma (potassium EDTA, sodium and lithium heparin, sodium citrate)

Methodology: EIA

Kit components ordered as needed:
- Electronic OUTREACH form or Lab Form #197 printed from Internet
- Mailing Label
- Red stoppered tube
- Multi-shipper container with medium canister, bubble wrap, tube shuttle absorbent material

Collection and Packaging Instructions:
Specimens may be stored at 2-8 C for 7 days, or for no longer than 2 days at room temperature.

https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx
Multi-shipper

<table>
<thead>
<tr>
<th>Outreach Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>HIV</td>
<td>Non-Reactive: No P24 Antigen or Antibodies to HIV-1/HIV-2 Detected</td>
</tr>
<tr>
<td>HIV</td>
<td>HIV Combo-87389 Geenius - 86701 &amp; 86702</td>
<td>Not detected</td>
</tr>
</tbody>
</table>

Note: If HIV Ag/Ab assay is repeatedly reactive, HIV1/2 Ab differentiation (Geenius) is performed.
# Human Immunodeficiency Virus Serology

**Patient Information**

Name (Last, First, MI)  
Social Security #  
Sex  
Race  
Age  
Birthdate  
Home Address  
City  
State  
Zip Code  
County  

**Send Report To:**

Submitter  
Street Address (PO BOX)  
City  
State  
Zip Code  

**Specimen Information:**

Specimen type:  
- Serum  
- Whole Blood  
- Other  

Date of Collection  

**Program:** Has patient been previously tested:  
- Yes  
- No  

If yes, when (date)  

Previous results:  
- Negative  
- Positive  
- Indeterminate  

**Reason For Testing:** (Mark One)

- Counseling-Testing Site Volunteer  
- Confidential  
- Anonymous  
- Maternal & Child Health Clinic Patient  
- Symptoms suggest HIV Infection  
- Risk factors for HIV Infection  

**Laboratory Findings:**

- ELISA-Enzyme-Linked Immunosorbent Assay Test:  
  - Non-reactive: No p24 antigen or antibodies to HIV-1/HIV-2 detected  
  - Repeatedly reactive: Supplemental testing required  
- Confirmatory Test Performed: Geenius  
  - Non-reactive: HIV (1 or 2) antibodies are not detected  
  - Reactive: Antibody to HIV-1 detected  
  - Reactive: Antibody to HIV-2 detected  
  - Indeterminate: Testing inconclusive- Please submit an additional specimen as clinically indicated or in six weeks per CDC guidelines  

**DateReceived:**  
**Laboratory Number:**  
**Date Reported:**  
**Technologist:**
PRENATAL PROFILE

Tests included in Prenatal Profile: Syphilis, Hepatitis B Surface Antigen (HBsAg), Rubella

Specimen:

- One 6ml red-stoppered tube of whole blood

Methodology: EIA

Kit components ordered as needed:

- One red-stoppered tube
- Electronic OUTREACH form or Lab Form #212 printed from Internet
- Mailing Label
- Multi-shipper container with medium canister, bubble wrap, tube shuttle absorbent material
- Multi-shipper with cold pack- outside box, with Styrofoam inside container, 95kPa bag, freezer pack

Note: Use this profile only when ordering complete profile of tests. See lab form #213 for individual Syphilis, Rubella, Hepatitis

Collection and Packaging Instructions:
Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack
https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx
Multi-shipper, Multi-Shipper with Cold Pack

<table>
<thead>
<tr>
<th>Outreach Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Profile</td>
<td>PNP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Syphilis IgG – 86780</td>
<td>Non-Reactive</td>
</tr>
<tr>
<td></td>
<td>HBsAg – 87340</td>
<td>Non-Reactive</td>
</tr>
<tr>
<td></td>
<td>Rubella IgG - 86762</td>
<td>Consistent with Immunity, Immunity Reference</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Range- &gt;1.1 Index</td>
</tr>
</tbody>
</table>
Please submit a completed Prenatal Profile Form and one full 8 mL red-stoppered tube per patient.

**Patient Information (Please use L label or fill in completely):**

- **Patient Name (Last, First, MI):**
- **Patient I.D. #**
- **Sex**
- **Race**
- **Age D0B**

**Home Address:**
- **City**
- **State**
- **Zip**
- **County**

**Submitter Name**

**Submitter Site Code**

**Weeks Pregnant**

**Date Collected**

Prenatal Profile (Syphilis, HBsAg, Rubella, Hepatitis C) requires one full 6 mL red-stoppered tube and one Plasma Preparation Tube (PPT).

**Comments:**

---

_For Laboratory Use Only_
HEPATITIS A

Tests for the following are performed under Hepatitis A:
  • IgM

Methodology: EIA

Specimen:
  • 2 ml Serum or 6ml whole blood in red-stoppered tube

Kit components ordered as needed:
  • Red-stoppered tube
  • Electronic OUTREACH form or Lab Form #213 printed from Internet
  • Mailing label
  • Multi-shipper container with medium canister, bubble wrap, tube shuttle absorbent material
  • Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack - Multi-shipper with cold pack - outside box, with Styrofoam inside container, 95kPa bag, freezer pack

HEPATITIS B

Tests for the following are performed under Hepatitis B:
  • HBsAg (Hepatitis B surface antigen)
  • Anti-HBs (Antibody to HbsAg)
  • Anti-HBc (Antibody to HB core antigen)

Methodology: EIA

Patients Qualifying:
  • Prenatal patients, their contacts, and local health department employees (See Notes).

Specimen:
  • 2 ml Serum or 6ml whole blood in red-stoppered tube
Kit components ordered as needed:

- Red-stoppered tube
- Electronic OUTREACH form or Lab Form #213 printed from Internet
- Mailing label
- Multi-shipper container with medium canister, bubble wrap, tube shuttle absorbent material
- Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack - Multi-shipper with cold pack- outside box, with Styrofoam inside container, 95kPa bag, freezer pack

Note: Hepatitis B testing of local health department patients other than prenatal patients and their contacts must be approved by the Division of Epidemiology prior to testing. Hepatitis B testing of local health department employees other than for determining immune status following immunization and in managing needlestick situations must also be approved by the Division of Epidemiology prior to testing.

HEPATITIS C

Patients Qualifying:

- Refer to the DPH Clinical Core Service Guide

Methodology: EIA, Aptima HCV Quantitative Assay

Specimen:

- 2 ml Serum or 6ml whole blood in red-stoppered tube
- 2ml Plasma (Preferred)

Kit components ordered as needed:

- Plasma Preparation Tube (PPT) spun within 6 hours of collection
- Electronic OUTREACH form or Lab Form #213 printed from Internet
- Mailing label
- Shipping Serum and PPT – Ship on ice pack - Multi-shipper with cold pack- outside box, with Styrofoam inside container, 95kPa bag, freezer pack

NOTES:

- Patient will have to be contacted and specimen recollected into PPT tube for any confirmation testing if sample not originally sent in PPT tube.
- Specimens collected in PPT tube can be refrigerated for 3 days before testing or can be frozen up to 6 weeks
Hepatitis - Collection and Packaging Instructions:
Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack
https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx
Multi-shipper, Multi-shipper with cold pack Hepatitis C, Multi-shipper with cold pack Hepatitis A, Multi-shipper with cold pack Blood

<table>
<thead>
<tr>
<th>Outreach Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>HAV</td>
<td>86709</td>
</tr>
<tr>
<td>Hepatitis B surface antigen</td>
<td>HBSG</td>
<td>87340, 87341</td>
</tr>
<tr>
<td>Hepatitis B surface antibody</td>
<td>HBSB</td>
<td>86706</td>
</tr>
<tr>
<td>Hepatitis B core antibody</td>
<td>HBCB</td>
<td>86704</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>HEPC</td>
<td>Antibody – 86803</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quantification - 87522</td>
</tr>
</tbody>
</table>
SYPHILIS

Methodology: EIA
- Screening and confirmation tests performed according to DLS established algorithm

Specimen:
- 2 ml Serum or 6ml of whole blood in red-stoppered tube

Kit components ordered as needed:
- Red-stoppered tube
- Electronic OUTREACH form or Lab Form #213 printed from Internet
- Mailing label
- Multi-shipper container with medium canister, bubble wrap, tube shuttle absorbent material
- Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack - Multi-shipper with cold pack- outside box, with Styrofoam inside container, 95kPa bag, freezer pack

Collection and Packaging Instructions:
Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack
https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx
Multi-shipper, Multi-Shipper with Cold Pack

<table>
<thead>
<tr>
<th>Outreach Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>Syphilis IgG</td>
<td>Non-Reactive</td>
</tr>
<tr>
<td></td>
<td>86780</td>
<td></td>
</tr>
<tr>
<td></td>
<td>VDRL 86593</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TP-PA 86780</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-reactive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-reactive</td>
<td></td>
</tr>
</tbody>
</table>
KY Division of Laboratory Services

This form, when filed in, contains patient information that must be protected in accordance with the Health Insurance Portability & Accountability Act.*

Please complete a separate form for each specimen.

**PATIENT INFORMATION:**

Name (Last, First, Ml)

Social Security #  Sex  Race  Age  Birthdate

Home Address

City  State  Zip Code  County

Send Report To:

Submitter

Street Address (PO BOX)

City  State  Zip Code

**Specimen information:**

Date of Collection

Specimen Type:  □ Serum  □ Plasma  □ Whole Blood  □ CSF

**Purpose of Examination:**

- Diagnostic
- Recheck Specimen
- Pre-Hepatitis vaccine
- Post-Hepatitis vaccine
- Immune Status
- Prenatal ______ weeks pregnant
- Treatment follow-up
- Needlestick Injury
- Other, specify

**Routine Examination Requested**

- Rubella IgG
- Hepatitis B
  - HBsAg (Surface Antigen)
  - anti-HBs (Antibody to HBsAg)
  - anti-HBc (Antibody to HB Core Antigen)
- Syphilis testing
- Hepatitis A
- Hepatitis C

**Previously Tested?**

When?

Patient an IDU?  
Patient a MSM?

**Date of Specimen Refrigeration:**

**Laboratory Findings**
CHLAMYDIA TRACHOMATIS & NEISSERIA GONORRHOEAE

Specimen:

- Endocervical, Vaginal, Male Urethral, Rectal Swab, Pharyngeal
- Urine

Kit components ordered as needed:

- Source: Endocervical, Male Urethral, Rectal, and Pharyngeal Swabs use Aptima Unisex Kit
- Source: Vaginal use Aptima Multitest Swab Kit
- Source: Urine use Aptima Urine Kit
- Electronic OUTREACH form or Lab Form #194 printed from Internet
- Mailing label
- Multi-shipper container with medium canister, bubble wrap, tube shuttle absorbent material

Patient Preparation:

- Urine and Male Urethral Specimens – Patient should not have urinated for at least 1 hour prior to specimen collection.

Collection and Packaging Instructions:

- Unisex Swab Specimens must be assayed with the Aptima assays within 60 days of collection
- Processed urine specimens should be assayed with the Aptima assay within 30 days of collection.
- Urine must be transferred to the urine transport tube within 24hrs of collection.

https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx

Multi-shipper

<table>
<thead>
<tr>
<th>Outreach Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia/ gonorrhea</td>
<td>CTGC</td>
<td>87491</td>
</tr>
</tbody>
</table>
**CHLAMYDIA TRACHOMATIS and NEISSERIA GONORRHOEAE**

**PATIENT INFORMATION:**

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>(Codes defined on second page)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security #</td>
<td>1 2 4 5 6 7</td>
</tr>
<tr>
<td>Sex Age DOB Race/Ethnicity (circle one)</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>City State Zip Code County</td>
<td></td>
</tr>
<tr>
<td>Send Report To:</td>
<td></td>
</tr>
<tr>
<td>Health Department</td>
<td></td>
</tr>
<tr>
<td>Street Address (P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>City State Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

**Reason For Testing:**

- Did the patient present with Chlamydia/GC symptoms? [ ] Yes [ ] No
- Is the patient pregnant? [ ] Yes [ ] No [ ] Unknown
- Mark one: [ ] Volunteer/Medical Problem [ ] Sex Partner Referral
- Initial (Fam. Plan.) Visit [ ] Other, please specify________________
- Revisit/Annual (Fam. Plan.) Visit [ ] Unknown/Undetermined
- Prenatal Visit [ ] Cancer

**Specimen Information:**

- Source (mark one): [ ] Cervical [ ] Urine
- [ ] Urethral [ ] Other, specify________________

**Date of Collection** (dd-mmm-yyyy) [ ] Kit Exp. Date (dd-mmm-yyyy)

~~For Laboratory Use Only~~

**Laboratory Results**

- Chlamydia trachomatis [ ] Negative [ ] Positive [ ] Equivocal
- (submit another specimen)
- Neisseria gonorrhoeae [ ] Negative [ ] Positive [ ] Equivocal
- (submit another specimen)
- [ ] Unsatisfactory [ ] No Specimen Received [ ] Improper Swabs
- [ ] Transport Media Expired [ ] Other________________

**Date and Time Received:** [ ] Laboratory Number:

**Date Reported:** [ ] Technologist:
MICROBIOLOGY  
BACTERIOLOGY

Tests for the following are performed under Bacteriology:
- Bacillus cereus
- Campylobacter
- Carbapenems Resistant Organisms (CRO)
- E. coli (Shigatoxin or O157 suspect)
- Salmonella
- Shigella
- Miscellaneous Bacteria Identification (i.e. Bacillus cereus, Listeria)
- Vibrio
- Biothreat agents – Bacillus anthracis, Yersinia pestis, Brucella spp. Francisella tularensis, Burkholderia, Orthopox virus
- Botulism

Specimen:
- Stool specimen in placed in Cary Blair w/Indicator within 2 hours of collection.
- Pure culture isolate. Agar slant: Heart infusion, trypticase soy, blood or chocolate
- Botulism – Serum (at least 10ml), Feces (10 to 50g), Enema (20ml)
- Orthopox virus – Dry swab, vesicle fluid, skin, or crust

Methodology: Isolation, Identification, Antigenic typing

Collection Kit (Enteric pathogens) Furnished by State Lab Contains:
- Cary Blair w/Indicator preservative
- Electronic OUTREACH form or Lab Form #219 printed from Internet – Bacteriology
- Inmark Category B complete shipper

Notes:
- Stool-Mail immediately after collection; to be received within 24 hours.
- Provide fresh grown on slants and mail immediately at room temperature.
- CRO- Organism identification and AST results must be supplied with isolate.
- Botulism by request and approval of Epidemiology.
- Orthopox assay does not differentiate vaccinia virus or monkeypox virus from other Orthopox viruses detected by this assay. Does not detect Variola virus.
- Refer to Sentinel Guidelines at https://asm.org/Articles/Policy/Laboratory-Response-Network-LRN-Sentinel-Level-C
**Collection and Packaging Instructions:**
Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack [https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx](https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx)
Enteric Collection and Packaging Guidelines, Food Kit

<table>
<thead>
<tr>
<th>Ornithitorn irriga</th>
<th>Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salmonella</td>
<td>SGT</td>
<td>Stool – 87045 ID and Typing - 87147</td>
<td>NA</td>
</tr>
<tr>
<td>Shigella</td>
<td>SHGR</td>
<td>Stool – 87045 ID and Typing - 87147</td>
<td>NA</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>CAMP</td>
<td>Stool – 87046</td>
<td>NA</td>
</tr>
<tr>
<td>E. coli</td>
<td>ECO</td>
<td>Stool – 87045 ID and Typing - 87147</td>
<td>NA</td>
</tr>
<tr>
<td>Carbapenem Resistant</td>
<td>CRO</td>
<td>81750</td>
<td>No carbapenemase production detected</td>
</tr>
<tr>
<td>Miscellaneous Bacteria</td>
<td>MC</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Botulism</td>
<td>MEP</td>
<td>87158, 87076</td>
<td>Mouse Bioassay: No C. botulinum toxin detected by mouse bioassay; Culture: No C. botulinum isolated</td>
</tr>
</tbody>
</table>

**Sentinel Rule Out’s**

<table>
<thead>
<tr>
<th>Ornithitorn irriga</th>
<th>Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacillus anthracis</td>
<td>MC</td>
<td>87081-Identification 87135- PCR</td>
<td>PCR - No B. anthracis DNA detected by real-time Identification of organism submitted</td>
</tr>
<tr>
<td>Brucella</td>
<td>MC</td>
<td>87040-Identification 87153- PCR</td>
<td>PCR - No Brucella spp. DNA detected by real-time PCR. Identification of organism submitted</td>
</tr>
<tr>
<td>Burkholderia</td>
<td>MC</td>
<td>87081-Identification 87153- PCR</td>
<td>PCR - No Burkholderia mallei or Burkholderia pseudomallei DNA detected Identification of organism submitted</td>
</tr>
<tr>
<td>Francisella tularensis</td>
<td>MC</td>
<td>87040-Identification 87153- PCR</td>
<td>PCR -“No Francisella tularensis DNA detected by real-time PCR.” Identification of organism submitted</td>
</tr>
<tr>
<td>Orthopox Virus</td>
<td>MVPCR</td>
<td>81753</td>
<td>PCR - No Orthopoxivirus DNA detected by real time PCR</td>
</tr>
<tr>
<td>Yersinia pestis</td>
<td>MC</td>
<td>87070-Identification 87153- PCR</td>
<td>PCR - No Y. pestis DNA detected by real-time PCR Identification of organism submitted</td>
</tr>
<tr>
<td>Specimen Information:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose of Exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Source</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Collection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination Requested: (Please mark one)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enteric Pathogens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Miscellaneous Bacterial Culture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other pertinent Medical Data: ‘Please complete this section when submitting Miscellaneous Bacterial Cultures

<table>
<thead>
<tr>
<th>FOR LABORATORY USE ONLY:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received:</td>
<td></td>
</tr>
<tr>
<td>Laboratory Number:</td>
<td></td>
</tr>
</tbody>
</table>
Mycobacteriology (TB)

Specimen:
- Clinical Samples - Sputum, bronchial wash, bronchial alveolar lavage (BAL), fresh tissue, spinal fluid, pleural fluid, pus, urine, other body fluids. (No stool)
- Clinical Isolates - Referred isolates for identification and drug susceptibility studies

Methodology:
- Direct Acid Fast Bacilli smear and culture
- Culture identification by DNA Probe, Maldi-TOF MS, or genetic sequencing
- PCR from concentrate from clinical specimens
- Drug susceptibility studies on MTB isolates only.

Specimen Requirements:
- Clinical Samples: Collect in sterile container. Preferred minimum volume is 2ml and optimally 5ml.
- Clinical Isolates: Pure isolates of acid-fast bacilli on solid or liquid media.

Collection Kit (TB sputum) Furnished by State Lab Contains:
- Conical plastic vial with lid must be 95kPa certified
- Electronic OUTREACH form or Lab Form #207 printed from Internet
- Small Therapak box with SpeciGuard bag/absorbent. USPS – Prepaid label

If shipping by FedEx, please use the UN3373 Pak.

Note: Cultures from hospitals are sent using submitter packaging or Inmark UN3373 box.

Collection and Packaging Instructions:
https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx
Method for Sputum Collection

Clinical Samples - mail immediately after collection; to be received within 24 hours; cold packs preferred-room temperature acceptable.

Clinical Isolates - Provide fresh growth on media; ship immediately at room temperature; avoid extreme temperatures.
Patient Preparation:
- Submit 3 specimens (preferably over 3-5 days), but as quickly as over 24 hours (not optimal)
- Early morning sputa (at least 5ml) are optimal (at least 1 specimen out of 3 must be early morning)
- Sputa, suctioned sputa, saline-induced sputa, and invasively obtained specimens (BAL, bronchial washes and tissues) from other times are also permitted

Unacceptable Conditions: Volumes less than 2ml of sputum will have a disclaimer

Notes:

PCR Testing: Smear positive specimens should be sent for PCR if no prior diagnosis of TB infection has been made. Testing of smear negative specimens requires prior approval and consultation with the TB program (502-564-4276)

Outreach: Do not create “new” order on existing patients in the Outreach system. Search for the patient and add order so the entire TB history on the patient remains together. It is important to indicate in the ask it at order questions what TB drugs and when TB drugs were administered to the patient.

Do not cover media growth with patient labels. Place label on bottom portion or right below cap so growth on slant can be viewed through tube

<table>
<thead>
<tr>
<th>Clinical Samples</th>
<th>Outreach Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCP</td>
<td>87015</td>
<td>No acid-fast bacilli</td>
<td></td>
</tr>
</tbody>
</table>

| Clinical Isolates | TBCP 87116 87149- Nucleic Acid Probe | No acid-fast bacilli |
Mycobacteriology

KY Division of Laboratory Services
100 Sower Blvd. Suite 204
Frankfort, Kentucky 40601
Phone: (502)564-4446 Fax: (502)564-7019

Please complete a separate form for each specimen.

PATIENT INFORMATION:
Name (Last, First, MI)
Social Security # Sex Race Age DOB
Home Address
City State Zip Code County
Send Report To:
Submitter
Street Address (PO BOX)
City State Zip Code

Requesting Physician (if other than submitter)

Specimen Information:
Date of Collection
☐ Clinical Specimen ☐ Refused Specimen (Culture)
☐ Sputum Source:
☐ Bronchial Washing Hospital or Laboratory reference number
☐ Gastric fluid (if applicable)
☐ Urine
☐ CSF
☐ Other, please specify

Is the patient on anti-tuberculosis drugs? ☐ Yes ☐ No

Laboratory Findings:

Laboratory Number:
Newborn Screening

Tests for the following are performed in the newborn screening laboratory:

- Acylcarnitines disorders
- Amino Acid Disorders
- Biotinidase
- Congenital Adrenal Hyperplasia
- Congenital Hypothyroidism (CH) [both T4 and TSH tests are performed]
- Cystic Fibrosis
- Galactosemia
- Hemoglobinopathies
- Severe Combined Immunodeficiency (SCID)
- Various Lysosomal Disorders (Krabbe, Pompe, MPS-1)

Refer to 902 KAR 4:030. Newborn screening program for a listing of all disorders

Specimen:
- Testing is only for infants < 6 months of age
- Whole capillary blood applied to the current lot number filter paper in the manner as described on the back of the Newborn Screening Filter Paper Collection Card. Ensure no preservatives or Heparin contamination.
- Unacceptable Conditions - Specimens with layered blood spots, clotted, separated, or inadequate blood

Collection Kit (Newborn screening) Furnished by State Lab Contains:

- Newborn Screening Filter Paper Collection Card
- Green mailing envelope
- FedEx Billable Stamp – Only when state courier is unavailable
- May be obtained by calling 502-782-7734
- Collection Instructions
  - [https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx](https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx)
- Newborn Screening Collection

MUST be current lot# of form and filter paper. Specimens collected after that date will be rejected or processed as per instruction from Director or designee.

Cost:
- A charge of $150.00 will be billed for those submitting an initial newborn screen. No charge will be billed for repeat specimens.

<table>
<thead>
<tr>
<th>Outreach Test Code</th>
<th>HCPCS Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>None – Order through KY Child</td>
<td>S3620</td>
<td>See individual disorder</td>
</tr>
</tbody>
</table>
# A. Newborn Screening Individual Tests

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Methodology</th>
<th>Reference Range</th>
<th>Individual CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acylcarnitines</strong></td>
<td>MS/MS</td>
<td>Within Profile Range</td>
<td>82016</td>
</tr>
<tr>
<td>Includes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatty Acid Disorders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carnitine uptake defect, Long-chain -3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD), Medium-chain acyl-CoA dehydrogenase deficiency (MCAD), Short-chain acyl-CoA dehydrogenase deficiency (SCAD), Trifunctional protein deficiency, Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD), Carnitine acylcarnitine translocase deficiency, Carnitine palmitoyl transferase deficiency, Glutaric academia type II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organic Acid Disorders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-methylcrotonyl CoA-Carboxylase Deficiency, Beta-ketothiolase, Glutaric academia type I, Isovaleric academia, 3-hydroxy 3-methylglutaric aciduria, Methylmalonic academia, Methylmalonic academia mutase deficiency, Propionic Acidemia, Multiple carboxylase deficiency, 2-Methyl-3-Hydroxybutyric aciduria, 3-Methylglutaconic aciduria, Isobutryl-CoA dehydrogenase deficiency, Malonic academia, Ethylmalonic encephalopathy, 2-Methylbutyryl-CoA dehydrogenase deficiency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amino Acid Disorders</strong></td>
<td>MS/MS</td>
<td>Within Profile Range</td>
<td>82139</td>
</tr>
<tr>
<td>Includes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argininosuccinate Acidemia, Citrullinemia, Homocystinuria, Maple Syrup Urine Disease, Phenylketonuria, Tyrosinemia, Argininemia, Hyperphenylalaninemia, Hypermethioninemia, Nonketotic Hyperglycinemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Biotinidase Deficiency</strong></td>
<td>FIA</td>
<td>&gt;45U/dL</td>
<td>82261</td>
</tr>
<tr>
<td><strong>Congenital Adrenal Hyperplasia (CAH)</strong></td>
<td>FIA</td>
<td>Weight Based</td>
<td>83498</td>
</tr>
<tr>
<td><strong>Congenital Hypothyroidism</strong></td>
<td>FIA</td>
<td>TSH: &lt;20 µU/mL T4: Age based</td>
<td>84437, 84443</td>
</tr>
<tr>
<td><strong>Cystic Fibrosis</strong></td>
<td>FIA</td>
<td>&lt;58.0 ng/mL</td>
<td>83516</td>
</tr>
<tr>
<td><strong>Galactosemia</strong></td>
<td>Beutler-Baluda (adaptation)</td>
<td>&gt;2.5U/dL</td>
<td>82776</td>
</tr>
<tr>
<td><strong>Hemoglobinopathies</strong></td>
<td>HPLC</td>
<td>F + A</td>
<td>83021</td>
</tr>
<tr>
<td><strong>Peroxisomal Storage Disorders</strong></td>
<td>FIA, MS/MS</td>
<td>Within Normal Limits</td>
<td>NA</td>
</tr>
<tr>
<td>Includes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Linked adrenoleukodystrophy disorders (X-ALD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Severe Combined Immunodeficiency (SCID)</strong></td>
<td>PCR</td>
<td>Within Normal Limits</td>
<td>81479</td>
</tr>
<tr>
<td><strong>Spinal Muscular Atrophy (SMA)</strong></td>
<td>PCR</td>
<td>Within Normal Limits</td>
<td>81400</td>
</tr>
<tr>
<td><strong>Various Lysosomal Disorders (Pompe, MPS-1, Krabbe)</strong></td>
<td>MS/MS</td>
<td>Full Enzyme Activity</td>
<td>82542, 83789</td>
</tr>
</tbody>
</table>
THE NEWBORN SCREENING FILTER PAPER COLLECTION CARD requires storage in a cool, dry place. Do not store in plastic bags.

FRONT

BACK
Environmental Microbiology

MICROBIOLOGY

Qualifying Specimens:

- Consumer complaint of illness suspected from a food product
- Consumer complaint of visible contamination in a food product
- Consumer complaint of Chemical contamination in a food product
- Foodborne illness outbreak – by request of Epidemiology or Food Safety Branch
- Routine surveillance of a food manufacturing facility or process
- Regulatory check of a manufacturing process or facility

Specimen:

- 100 grams of food (25-50 grams of food per requested food pathogen testing)

Mailing:

- Food collection kits are mailed in a plain standard cardboard box (12x8x6)

Collection Kit Furnished by:

- Kentucky State Public Health Lab (DLS) (502)564-4446

Collection and Packaging Instructions:
Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack
https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx
Food Kit

Call laboratory before sending specimens.
Lab form 504 (Rev. 08/2019)

Sample Collection Data and Analysis Report
Kentucky Cabinet for Health and Family Services, Department for Public Health
Division of Laboratory Services
100 Sower Blvd, Suite 204
Frankfort, Kentucky 40601
Phone: (502)564-4446 Fax: (502)564-7019

Please complete a separate form for each sample submitted:

<table>
<thead>
<tr>
<th>Sample No.:</th>
<th>Date Collected:</th>
<th>Time:</th>
<th>Cost of Sample:</th>
</tr>
</thead>
</table>

Collector/ Health Dept.: (Name and Title)

Reason for Collection: (Regulatory, Outbreak, Complaint) Establishment Number:

Amount in Lot before Sampling:

Description of Sample (Code No. if any), & Method of Collection:

Mail Report To: Address: Zip:

Collector Remarks: (Note if submitted by someone other than the collector)

Collector Signature:

Submitter Signature (when applicable):

Requested Laboratory Analysis:
- Bacteriological
- Chemical
- Other

- Aerobic Plate Count
- Staph aureus Count
- Count
- Toxin
- Salmonella species
- Salmonella enterica
- Pesticide Residue
- Enterobacteriaceae Count
- Clostridium perfringens Count
- E. coli 0157: H7
- E. coli
- Non- O157 STEC
- Campylobacter species
- Listeria species
- Other (Describe)
- Specify:

Chain of Custody

<table>
<thead>
<tr>
<th>DATE/ TIME</th>
<th>RELEASED BY (Collector/Submitter)</th>
<th>RECEIVED BY (Lab staff, unless otherwise indicated)</th>
<th>PURPOSE OF CHANGE (Lab use, unless otherwise indicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Print Name</td>
<td>Signature</td>
<td>Print Name</td>
</tr>
<tr>
<td>Signature</td>
<td>Print Name</td>
<td>Print Name</td>
<td>Print Name</td>
</tr>
<tr>
<td>Signature</td>
<td>Print Name</td>
<td>Print Name</td>
<td>Print Name</td>
</tr>
</tbody>
</table>

Lab Accession #: 

State Seal Attached: [ ] Intact [ ] Broken [ ] None
Sample and Package Condition: [ ] Good [ ] Other
Sample Received: [ ] Refrigerated [ ] Frozen [ ] Other (Describe)

Sample Temperature:

Report of Laboratory Analysis:

Comments:

Date Started: Date Completed: Date Reported: Signature of Analyst:

Further Regulatory Action: [ ] Resample [ ] Retest [ ] Official Action [ ] Other

Analysis indicates sample is in violation of the following law and/ or regulations based thereon. (Check appropriate one):
- KRS 217.651 Lead Based Paint Law
- KRS 217.605 to 217.215 KY Food, Drug, & Cosmetic Act
- KRS 217.650 to 217.710 KY Hazardous Substance Labelling Act
- KRS 217 KY Milk and Milk Products Act
- KRS 152.105 to 152.190 Regulates Use and Control of Radiation

Sample Considered: [ ] Substituted [ ] Manipulated [ ] Other

Further Regulatory Action: [ ] Resample [ ] Retest [ ] Official Action [ ] Other

Signature: Title: Agency: Date:
WATER BACTERIOLOGY ANALYSIS

Qualifying Water Sources:

E. coli and Total Coliforms
- Private drinking water; wells, cisterns, springs
- Public Swimming Beaches
- Public Swimming Pools
- Dairy Water

Legionella
- Private drinking water; wells, cisterns, springs
- Recreational water
- Commercial water

Methodology:
- E. coli and Total Coliforms - LTB/BGBB(SM9921D), Colilert(SM9223B)
- Legionella – Legiolert and culture

Specimen:
- 1 (100 ml) bottle (provided in the kit and filled just over the 100ml fill line with headspace)

Mailing Label:
- FedEx label

Note: For bacteriological water analyses, all samples must be collected and submitted by authorized collectors. Samples not requiring chain of custody precautions must arrive in the laboratory within 30hrs of collection and are to be kept at <8°C during transport. Use FedEx label provided. Recommend sample collection on Monday, Tuesday, or Wednesday and mail the same day. Samples requiring chain of custody precautions must arrive in the laboratory (DLS or another certified laboratory) within 6hrs of collection and are to be kept at <8°C during transport.

If you have any questions about submission of water samples, contact DLS at 502-564-4446.
Collection Kit Furnished by:

Kentucky State Public Health Lab (DLS) (502)564-4446
- Idexx Bottle in zip bag with absorbent
- Refrigerated Cooler
- FedEx Label

Collection and Packaging Instructions: [https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx](https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx)

Water Collection

<table>
<thead>
<tr>
<th>Outreach Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Bacteriology</td>
<td>WATERB</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acceptable limits for drinking water: &lt;1 per 100ml (none detected)</td>
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<tr>
<td></td>
<td></td>
<td>Acceptable limits for recreation water</td>
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<td></td>
<td>- Total Coliform limit not established for beach water</td>
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<td></td>
<td></td>
<td>- E. coli content shall not exceed 130 colonies per 100ml as a geometric mean based on not less than 5 samples taken during a 30-day period.</td>
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<tr>
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<td></td>
<td>Acceptable limits for Dairy water: Presence of total coliforms is unacceptable in dairy or food manufacturing source/processing water.</td>
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<tr>
<td>Legionella</td>
<td>WLEG</td>
<td>NA</td>
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<tr>
<td></td>
<td></td>
<td>&lt;1 per 100ml (none detected)</td>
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</tbody>
</table>
KY Division of Laboratory Services
100 Sower Blvd. Suite 204
Frankfort, Kentucky 40601
Phone: 502/564-4446 Fax: 502/564-7019

Water Bacteriology Analysis Report

(Please complete a separate form for each sample.)

Authorized Collector: ________________________________
Collectors Phone #: ____________________ Sanitarian Number: ____________________
Collection Date: ___________ Collection Time: ___________
Occupant or Owner: __________________________________
Request Identifying No: ______________________ Site No: ______________________
Sample No: ______________ Sample Seq. No: ______________
County: _______________________________________
Submitter (Use LHN Site#): ________________________________

- Drinking Water - Recreational Waters - Spas/Therapeutic Pools

- Check here if accompanied by Chain-of-custody form

Collector’s Remarks:

Laboratory Findings:

Date & Time Received | Laboratory Number | Date & Time Reported | Technologist
--- | --- | --- | ---

December 2021
Environmental Chemistry

Dental Fluoride (Supplement Program)

Patients Qualifying:

- The program targets preschool children without a source of optimally fluoridated water. Older children could receive the supplements in certain instances.

Methodology:

- FIA by Lachet Quickchem

Specimen:

- Sample of water supply

Collection Kit Furnished by:

- Dental Program (502)564-3246 ext. 4421

Collection kit contains:

- Mailing Container
- Request Form # 505c
- Mailing label # 505b
- Instructions

<table>
<thead>
<tr>
<th>Outreach Test Code</th>
<th>CPT Code</th>
<th>Reference Range</th>
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<tbody>
<tr>
<td>Dental Fluoride</td>
<td>FL</td>
<td>NA 0.8-1.4 PPM</td>
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<tr>
<td></td>
<td></td>
<td>Kentucky’s optimal fluoride concentration is: 0.90PPM</td>
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<tr>
<td>Name of Child(ren):</td>
<td>Sex:</td>
<td>DOB:</td>
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<td>City:</td>
<td>State:</td>
<td>Zip Code:</td>
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<tr>
<td>Name of Parent or Guardian:</td>
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</table>

Send Report To:

Office/Clinic: ____________________________
Street Address (P.O. Box):
City: ____________________________ State: ______ Zip Code: ______
County: ______ Phone Number: ______

Specimen Information:
Water Supply: □Well □Cistern □City □Bottled Water
□Other, specify ________________________

Laboratory Findings:

___ ___ · ___ ___ (parts/million) μg/mL

Date Received: ____________________________
Laboratory Number: ____________________________
Date Reported: ____________________________
Technologist: ____________________________
Food Chemistry

Methodology:
- Pesticides- GC-MS MS, GC-MS
- Mercury- Mercury Analyzer
- TOX-1 – GC-MS

Specimen:
- Pesticides- Fruits and Vegetables screening and quantitation
- Mercury- Fish
- Toxin, Drugs, Pesticides- Meat Screening
- Organochlorine – Raw Milk Screening

Collection Kit Furnished by:
- Contact the Division of Laboratory Services

Ship immediately after collection. Perishable foods shipped with cold packs.

OSHA

Methodology:
- Chemical and physical analysis
- GC-FID
- Electrobalance

Specimen:
- Air samples
- Solvents
- Dust
- Metals
- Lead in wipes, soil, and paint

Collection Kit Furnished by:
- Request specific media from DLS Environmental Chemistry (502)782-7713