



KY – 200100  
CLIA -18D0648480

**Infectious Diseases Laboratory**

Leslie A. Wolf, PhD, Director  
MDR Building  
511 S. Floyd, Room 103  
University of Louisville  
Louisville, KY 40292  
TEL (502) 852-1152  
FAX (502) 852-1512  
Email idlab@louisville.edu

**Test Request Form**

**(Affix Patient Label Here)**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Hospital \_\_\_\_\_  
Patient ID \_\_\_\_\_ Sample ID \_\_\_\_\_

**Atypical Pneumonia PCR Panel (APP)**

OP Swab **or**  BAL

- M. pneumoniae* PCR
- L. pneumophila* PCR
- C. pneumoniae* PCR

**Respiratory Viral Panel (RVP)**

NP Swab **or**  BAL

**Respiratory PCR Panel (APP & RVP)**

OP & NP Swab **or**  BAL

**RPR (w/ Reflex to FTA)**

Serum

**GC/CT PCR**

Urine

[www.uoflidlab.com](http://www.uoflidlab.com)

**Tick-Borne Disease Panel (TDP)**

Serum

Lyme Disease Serology  
**(w/Reflex to Lyme Western Blot IgG/IgM)**

Rickettsia IgG & IgM

Whole Blood

*Ehrlichia* spp. PCR

*(chaffeensis, muris, ewingii)*

*A. phagocytophilum* PCR

**QuantiFERON®-TB**

**QuantiFERON®-TB-CI (Client Incubated)**

Date/Time Collected \_\_\_\_\_ / \_\_\_\_\_

Incubator In \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date                      Time                      Initial

Incubator Out \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date                      Time                      Initial