


Web Portal

Instructions on creating an electronic test requisition



User:

Pwd:


Loc:

Login

[Forgot Password](#)

[Enrollment Request](#)

Welcome to the Georgia Public Health Laboratory Web Portal



Press Releases:

Information is provided by Georgia State Department of Public Health

Enter your assigned User ID, Password and Location Code (LOC).
Your **USER ID** and **LOC Code** need to be entered in **ALL CAPS**.
- Click Login



User: NICH

Site: TEST

Main

Patient Registration

Order Entry

Batch Build

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Welcome to the Georgia Public Health Laboratory Web Portal

What's New: Lab Dir:

Important Changes to HCV Viral Load Assay:

Letter to Apollo Submitters (Test Change)

Important Changes to HIV-1 Viral Load Assay:

Letter to Apollo Submitters (Test Change)

08/13/2021

It has come to our attention that there has been an increase in samples received at room temperature outside of the acceptable time period. Therefore, we wanted to take the opportunity to send a reminder to all submitters regarding the specimen requirements for use with our current HIV assays. This is a CLIA requirement and we will have to reject samples that are not submitted in adherence to the manufacturer's instructions. Per assay package insert: Serum or plasma specimens should be stored for no longer than 3 days at room temperature or 7 days at 2 to 8°C following specimen collection. If a storage period greater than 7 days is anticipated, the specimens should be removed from the clot, red blood cells, or separator gel and the serum or plasma should be stored frozen at -20°C. Please note that the storage time includes the time that samples are in transit. Therefore, if samples cannot be received at GPHL within 72 hours, samples should be transported on cold packs.

Information is provided by Georgia State Dept of Public Health

This is your Main Page.
From here you will select:
Order Entry.



User: NICH



Site: TEST

Main

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GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM

Complete a separate form for each test requested

Lab #:



Save

Print

Choose Lab to Perform Test

☐ Decatur

☐ Waycross

HEALTH CARE PROVIDER INFORMATION

Submitter Code: **TEST: TEST SUBMIT** COPYTO Code: **TEST: TEST SUBMIT**

Submitter Name: **TEST SUBMITTER**

Address: **TEST SUBMITTER**

City: **TEST SUBMITTER** State: **TEST SUBMITTER** Zip: **TEST SUBMITTER**

Phone Number: **TEST SUBMITTER**

Fax Number: **TEST SUBMITTER**

Contact Name: **TEST SUBMITTER**

PATIENT INFORMATION

Patient ID Number: **TEST SUBMITTER** Patient Number (LAB Unique ID): **TEST SUBMITTER**

PATIENT NAME (Last, First MI, Suffix): **TEST SUBMITTER**

County of Residence: **TEST SUBMITTER** DOB: **TEST SUBMITTER**

Phone # (Home): **TEST SUBMITTER** Phone # (Work): **TEST SUBMITTER** Phone # (Cell): **TEST SUBMITTER**

Address, City, State Zip: **TEST SUBMITTER**

Parent / Guardian (if applicable): **TEST SUBMITTER** Relationship: **TEST SUBMITTER**

Race: ☐ American Indian/Alaska Native ☐ Black/African-American ☐ Native Hawaiian/Pacific Islander ☐ White / Caucasian ☐ Multi Racial ☐ Asian

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Sex: ☐ Male ☐ Female

Pregnant? ☐ Yes ☐ No ☐ N/A

☐ SELF PAY (Submitter will be invoiced) APPROVAL CODE: **TEST SUBMITTER** (Submitter will be billed if a valid code is not provided)

INSURANCE INFORMATION - COPY OF PATIENT'S INSURANCE ELIGIBILITY DOCUMENT MUST BE SUBMITTED WITH THIS FORM

FOR FUTURE USE

TEST REQUESTED

All tests are performed at the Decatur Laboratory unless specified.

BLOOD LEAD (Waycross Only)	CHEMICAL THREAT (Decatur Only)	MYCOBACTERIOLOGY
<input type="checkbox"/> W40500 Waycross COLLECTION METHOD <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	Consultation with GPHL Emergency Response Coordinator required. 24/7 contact number: 404-855-3895 888-782-4584	Known TB Patient? <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> No Clinical Specimens <input type="checkbox"/> 30100 Microscopic exam for AFB only <input type="checkbox"/> 30000 Smear, Culture & Susceptibility testing (Susceptibility Performed on MTB only) <input type="checkbox"/> 30800 Nucleic Acid Amplification Testing (NAAT) This test is intended for use only with specimens from test infected patients showing signs and symptoms of active pulmonary tuberculosis.
MOLECULAR BIOLOGY (Decatur Only) Consultation with epidemiologist required. <input type="checkbox"/> 423000 2018-nCoV RT-PCR Panel BT agent rule out (RT-PCR) <input type="checkbox"/> BTC01000b Bacillus anthracis <input type="checkbox"/> BTC02000 Brucella spp. <input type="checkbox"/> BTC03000 E. coli/pseudomallei <input type="checkbox"/> BTC04000 Francisella tularensis	<input type="checkbox"/> CT041100 Rapid Tox Screen (RTS) (Performed at the CDC) <input type="checkbox"/> CT021500 Cadmium, mercury and lead (blood) <input type="checkbox"/> CT021700 Toxic Element Screen (TES) (urine) (As, Ba, Be, Cd, Pb, Tl, U) <input type="checkbox"/> CT021800 Mercury (urine)	AFB Isolates <input type="checkbox"/> 34000 Identification <input type="checkbox"/> 33950 Susceptibility testing (MTB only) <input type="checkbox"/> 30750 Genotyping only

To begin Order Entry click the GREEN +.



User: NICH

Site: TEST

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GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM

Complete a separate form for each test requested

Lab #: 22B003028!

Save

Print

Choose Lab to Perform Test

☐ Decatur

☐ Waycross

HEALTH CARE PROVIDER INFORMATION

Submitter Code	COPYTO Code
TEST: TEST SUBMIT	
Submitter Name	
TEST SUBMITTER	
Address	
City	State Zip
Phone Number	
Fax Number	
Contact Name	

PATIENT INFORMATION

Patient ID Number	Patient Number (LAB Unique ID):	
PATIENT NAME (Last, First MI, Suffix)		
County of Residence	DOB	
Phone # (Home)	Phone # (Work)	Phone # (Cell)
Address, City, State Zip		
Parent / Guardian (if applicable)		Relationship
Race	Ethnicity	Sex
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Native Hawaiian/Pacific Islander		
<input type="checkbox"/> White / Caucasian		
<input type="checkbox"/> Multi Racial	<input type="checkbox"/> Asian	
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

☐ SELF PAY (Submitter will be invoiced)

APPROVAL CODE:

(Submitter will be billed if a valid code is not provided)

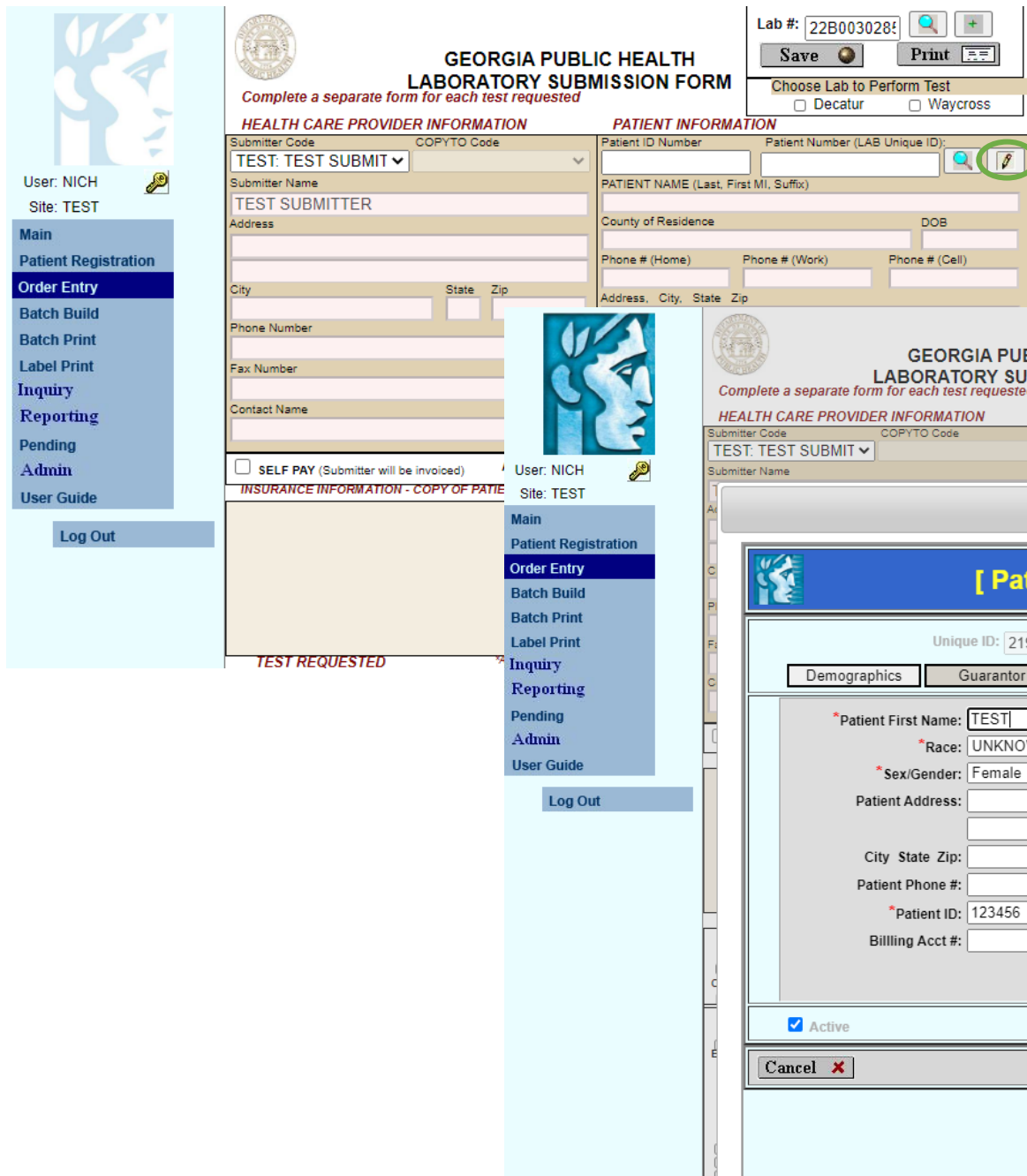
INSURANCE INFORMATION - COPY OF PATIENT'S INSURANCE ELIGIBILITY DOCUMENT MUST BE SUBMITTED WITH THIS FORM

FOR FUTURE USE

TEST REQUESTED

All tests are performed at the Decatur Laboratory unless specified.

Once you click the **GREEN +**,
Your **facility** and **submitter code**
information, as well as a **Lab #**
(22B#) will auto-populate into
the submission form.



The image shows the Georgia Public Health Laboratory Submission Form. The form is divided into two main sections: HEALTH CARE PROVIDER INFORMATION and PATIENT INFORMATION. The HEALTH CARE PROVIDER INFORMATION section includes fields for Submitter Code, COPYTO Code, Submitter Name, Address, City, State, Zip, Phone Number, Fax Number, and Contact Name. The PATIENT INFORMATION section includes fields for Patient ID Number, Patient Number (LAB Unique ID), PATIENT NAME (Last, First MI, Suffix), County of Residence, DOB, Phone # (Home), Phone # (Work), Phone # (Cell), and Address, City, State, Zip. A red star is placed next to the Patient ID Number field. A pencil icon is highlighted in the top right corner of the PATIENT INFORMATION section. A sidebar on the left contains a navigation menu with options: Main, Patient Registration, Order Entry, Batch Build, Batch Print, Label Print, Inquiry, Reporting, Pending, Admin, and User Guide. A 'Log Out' button is at the bottom of the sidebar. The form also includes a 'TEST REQUESTED' section at the bottom.

Lab #: 22B003028

Save Print

Choose Lab to Perform Test
☐ Decatur ☐ Waycross

HEALTH CARE PROVIDER INFORMATION

Submitter Code: TEST: TEST SUBMIT COPYTO Code:
Submitter Name: TEST SUBMITTER
Address:
City: State: Zip:
Phone Number:
Fax Number:
Contact Name:
☐ SELF PAY (Submitter will be invoiced)

PATIENT INFORMATION

Patient ID Number: 123456 Patient Number (LAB Unique ID): 2198353
PATIENT NAME (Last, First MI, Suffix):
County of Residence: DOB:
Phone # (Home): Phone # (Work): Phone # (Cell):
Address, City, State, Zip:
TEST REQUESTED

User: NICH Site: TEST

Main Patient Registration Order Entry Batch Build Batch Print Label Print Inquiry Reporting Pending Admin User Guide Log Out

To enter a new patient, select the pencil.

Once you select the pencil, the Patient Registration box will pop-up.

You will need to fill in the required information highlighted with a red star*. Once you have completed entering in the patient information, Select SAVE.


You will then return to the Submission form.



User: NICH
Site: TEST

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Log Out



GEORGIA PUBLIC HEALTH
LABORATORY SUBMISSION FORM
Complete a separate form for each test requested

Lab #: 22B003028!

Save
Print

Choose Lab to Perform Test
☐ Decatur
☐ Waycross

HEALTH CARE PROVIDER INFORMATION

PATIENT INFORMATION

Submitter Code
TEST: TEST SUBMIT

COPYTO Code

Submitter Name
TEST SUBMITTER

Address

City

State

Zip

Phone Number

Fax Number

Contact Name

Patient ID Number
123456

Patient Number (LAB Unique ID)
2198353

PATIENT NAME (Last, First MI, Suffix)
TEST TEST

County of Residence

DOB
01/01/2001

Phone # (Home)

Phone # (Work)

Phone # (Cell)

Address, City, State Zip

Parent / Guardian (if applicable)

Relationship

Race
☐ American Indian/Alaska Native
☐ Black/African-American
☐ Native Hawaiian/Pacific Islander
☐ White / Caucasian
☐ Multi Racial

Ethnicity
☐ Hispanic or Latino
☐ Non-Hispanic or Latino

Sex
☐ Male
☒ Female

Pregnant?
☐ Yes
☐ No
☐ N/A

PATIENT NAME
Last: TEST First: TEST MI.

Lab Specimen #: 22B0030285

BACTERIOLOGY

IMMUNOLOGY

Enteric Isolates
☐ 1100 Campylobacter
☐ 1070 STEC
☐ 1110 Salmonella
☐ 1080 Shigella
☐ 1180 Yersinia
☐ 1120 Stool Culture - Preserved (Para-Pak C&S, Room Temp)
☐ Routine (Salmonella, Shigella, Campylobacter, Aeromonas, STEC and Yersinia)
☐ S. aureus [1]
☐ 1140 Stool Culture - Fresh (Refrigerated)
☐ B. cereus [1]
☐ C. perfringens [1]
☐ 1130 Special Bacteriology
☐ Neisseria meningitidis
☐ Haemophilus influenzae
☐ Listeria monocytogenes
☐ Vibrio sp.
☐ Other - Suspected agent
☐ 1040 Pertussis Direct Fluorescent Antibody (DFA)
☐ 1050 Pertussis Culture
☐ 1030 Group A Streptococcus
☐ 1010 Gonorrhea Culture
☒ Nucleic Acid Amplification Test (Chlamydia/Gonorrhea)
☐ 1060 Decatur ☐ W10000 Waycross
☐ Nucleic Acid Amplification Test (Trichomonas vaginalis)
☐ 100100 Decatur ☐ W100100 Waycross
☐ 1135 Forward to the CDC [1]
☐ C. botulinum [1],[2]

(Choose nearest location)
Routine RPR (Syphilis)
☐ 1610 Decatur ☐ W20000 Waycross
☐ 1630 VDRL (spinal fluid)
☐ 1640 TPPA
Quantitative (Titer) and Confirm even if RPR is negative
☐ 16102 Decatur ☐ W20100 Waycross
RPR - No Confirmation test even if RPR is positive
☐ 16101 Decatur ☐ W20300 Waycross
Arbovirus / WNV panel
☐ 1595 Arbo IgG
☐ 1600 Arbo IgM
☐ 1580 WNV IgG
☐ 1585 WNV IgM
☐ 1590 WNV IgM (CSF)
Hepatitis Testing
☐ 1411 Hep B (Prenatal) ☐ 1470 HCV Antibody
☐ 1410 Hep B (Routine Sorn) ☐ 1480 HCV Screening
☐ 1635 Quantitative HBV
☐ 1400 Anti HAV Total
☐ 1405 Anti HAV IgM
☐ 14101 TORCH Panel
☐ 15300 Toxoplasmosis IgG
☐ 15350 Toxoplasmosis IgM
☐ 15100 Rubella IgG
☐ 15150 Rubella IgM
☐ 15450 CMV IgG
☐ 15500 CMV IgM
☐ 15600 HSV1
☐ 15650 HSV2

Once you return to the Submission Form, you will notice that your patient’s information has been filled in.

Next, you need to select the test code to order on your patient.

For example:
For Chlamydia/Gonorrhea testing, SELECT test code 1060 under the Bacteriology Section. See [circled area](#).

User: NICH Site: TEST

Main Patient Registration Order Entry Batch Build Batch Print Label Print Inquiry Reporting Pending Admin User Guide Log Out

☐ 1180 Yersinia
☐ 1120 Stool Culture - Preserved (Para-Pak C&S, Room Temp)
☐ Routine (Salmonella, Shigella, Campylobacter, Aeromonas, STEC and Yersinia)
☐ S. aureus [1]
☐ 1140 Stool Culture - Fresh (Refrigerated)
☐ B. cereus [1]
☐ C. perfringens [1]
☐ 1130 Special Bacteriology
☐ Neisseria meningitidis
☐ Haemophilus influenzae
☐ Listeria monocytogenes
☐ Vibrio sp.
☐ Other - Suspected agent
☐ 1040 Pertussis Direct Fluorescent Antibody (DFA)
☐ 1050 Pertussis Culture
☐ 1030 Group A Streptococcus
☐ 1010 Gonorrhea Culture
☐ Nucleic Acid Amplification Test (Chlamydia/Gonorrhea)
☐ 1060 Decatur ☐ W10000 Waycross
☐ Nucleic Acid Amplification Test (Trichomonas vaginalis)
☐ 100100 Decatur ☐ W100100 Waycross
☐ 1135 Forward to the CDC [1]
☐ C. botulinum [1][2]
[1] Special arrangement required CALL 404-327-7997
[2] Epidemiology approval required CALL 404-657-2588
☐ 1180 ENVIRONMENTAL / FOOD (Epidemiology Use Only)
☐ B. cereus ☐ STEC / SLT
☐ Campylobacter ☐ Salmonella
☐ C. perfringens ☐ Shigella
☐ Listeria ☐ S. aureus

Quantitative (Titer) and Confirm even if RPR is negative
☐ 15102 Decatur ☐ W20100 Waycross
RPR - No Confirmation test even if RPR is positive
☐ 15101 Decatur ☐ W20300 Waycross
Arbovirus / WNV panel
☐ 1595 Arbo IgG
☐ 1600 Arbo IgM
☐ 1580 WNV IgG
☐ 1585 WNV IgM
☐ 1590 WNV IgM (CSF)
Hepatitis Testing
☐ 1411 Hep B (Prenatal) ☐ 1470 HCV Antibody
☐ 1410 Hep B (Routine Sorn) ☐ 1480 HCV Screening
☐ 1635 Quantitative HBV ☐ 1490 HCV Viral Load
☐ 1400 Anti HAV Total
☐ 1405 Anti HAV IgM
☐ 14101 TORCH Panel
☐ 15300 Toxoplasmosis IgG
☐ 15350 Toxoplasmosis IgM
☐ 15100 Rubella IgG
☐ 15150 Rubella IgM
☐ 15450 CMV IgG
☐ 15500 CMV IgM
☐ 15600 HSV1
☐ 15650 HSV2
Miscellaneous Serology
☐ 15550 Mumps ☐ 14100 MMR Panel
☐ 15200 Rubella IgG ☐ 1525 Rubella IgM
☐ 15400 Varicella Zoster
☐ 34900 QuantiFERON-TB Gold IGRA
☐ 1570 Forward to the CDC

VIROLOGY
HIV
CTS #
☐ 13700 HIV Ag/Ab Combo
☐ 1360 HIV-1 Ab WB (DBS only)
☐ 13550 HIV-1 RNA Qual (early infection)
☐ 1340 HIV-1 Viral Load
☐ 35000 Genotype (Program Approved)
☐ 36000 Integrase (Program Approved)
VIRAL CULTURE
☐ 62050 CMV Culture / IFA
☐ 60000 Mumps Culture / IFA
☐ 1385 Enterovirus Culture / IFA
☐ 15700 Herpes virus 1&2 by NAAT
☐ 62000 VZV Culture / IFA
☐ 6100 Respiratory Culture / IFA
☐ 1375 Influenza Culture / IFA
☐ 60040 Viral Culture/Identification
Gastrointestinal Outbreak Invest.
☐ 6030 Rotavirus EIA
Misc. Virology Send-out
☐ 60160 Virology CDC Sendout
☐ 42390 SARS-CoV-2 sequencing
☐ 171000 Respiratory Viral Panel
☐ 433000 CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex

SPECIMEN INFORMATION
Specimen Type:
Specimen Source:
Body Site:
SHIPPED
☐ Frozen
☐ Refrigerated
☐ Room Temperature
Date of Onset:
Symptoms:
Gastrointestinal Outbreak Invest.
Misc. Virology Send-out
Specimen Notes:
All tests are performed at the Decatur Laboratory unless specified.

Date of Collection:
Time of Collection:
Outbreak? ☐ Yes ☐ No
If yes, name of outbreak:
Travel? ☐ Yes ☐ No
If yes, Where?
COVID PUI #

Save Print

After selecting the test code, scroll to the bottom of the page and fill in the Specimen Information. Use the drop-down box to select the Specimen Type, then Fill in Date and Time of Collection.

Once you have entered all the Specimen Information click SAVE.

You will then be asked how many labels you want to print. If you do not have a Dymo label printer set-up, enter "0" and Select OK.

User: NICH Site: TEST

Main Patient Registration Order Entry Batch Build Batch Print Label Print Inquiry Reporting Pending Admin User Guide Log Out

BACTERIOLOGY
Enteric Isolates
☐ 1100 Campylobacter
☐ 1070 STEC
☐ 1110 Salmonella
☐ 1080 Shigella
☐ 1160 Yersinia
☐ 1120 Stool Culture - Preserved (Para-Pak C&S, Room Temp)
☐ Routine (Salmonella, Shigella, Campylobacter, Aeromonas, STEC and Yersinia)
☐ S. aureus [1]
☐ 1140 Stool Culture - Fresh (Refrigerated)
☐ B. cereus [1]
☐ C. perfringens [1]
☐ 1130 Special Bacteriology
☐ Neisseria meningitidis
☐ Haemophilus influenzae
☐ Listeria monocytogenes
☐ Vibrio sp.
☐ Other - Suspected agent
☐ 1040 Pertussis Direct Fluorescent Antibody (DFA)
☐ 1050 Pertussis Culture
☐ 1030 Group A Streptococcus
☐ 1010 Gonorrhea Culture
☐ Nucleic Acid Amplification Test (Chlamydia/Gonorrhea)
☒ 1060 Decatur ☐ W10000 Waycross
☐ Nucleic Acid Amplification Test (Trichomonas vaginalis)
☐ 100100 Decatur ☐ W100100 Waycross
☐ 1135 Forward to the CDC [1]
☐ C. botulinum [1][2]
[1] Special arrangement required CALL 404-327-7997
[2] Epidemiology approval required CALL 404-657-2588
☐ 1180 ENVIRONMENTAL / FOOD (Epidemiology Use Only)

IMMUNOLOGY
(Choose nearest location)
Routine RPR (Syphilis)
☐ 1510 Decatur ☐ W2000
☐ 1630 VDRL (spinal fluid)
☐ 1640 TPPA
Quantitative (Titer) and Confirm even if RPR is positive
☐ 15102 Decatur ☐ W2010
RPR - No Confirmation test even if RPR is positive
☐ 15101 Decatur ☐ W20300 Waycross
Arbovirus / WNV panel
☐ 1595 Arbo IgG
☐ 1600 Arbo IgM
☐ 1580 WNV IgG
☐ 1585 WNV IgM
☐ 1590 WNV IgM (CSF)
Hepatitis Testing
☐ 1411 Hep B (Prenatal) ☐ 1470 HCV Antibody
☐ 1410 Hep B (Routine Sorn) ☐ 1480 HCV Screening
☐ 1635 Quantitative HBV ☐ 1490 HCV Viral Load
☐ 1400 Anti HAV Total
☐ 1405 Anti HAV IgM
☐ 14101 TORCH Panel
☐ 15300 Toxoplasmosis IgG
☐ 15350 Toxoplasmosis IgM
☐ 15100 Rubella IgG
☐ 15150 Rubella IgM
☐ 15450 CMV IgG
☐ 15500 CMV IgM
☐ 15600 HSV1
☐ 15650 HSV2
Miscellaneous Serology
☐ 15550 Mumps ☐ 14100 MMR Panel

PATIENT NAME First: TEST Last: TEST ML: Lab Specimen
apollo.dph.ga.gov says
Enter # of Labels:
OK Cancel

Once you Select OK for labels, the screen will clear and you will be able to start a new patient or build a batch.

GEORGIA PUBLIC HEALTH
LABORATORY SUBMISSION FORM
Complete a separate form for each test requested

Lab #: 22B0030307
Save Print
Choose Lab to Perform Test
☐ Decatur ☐ Waycross

HEALTH CARE PROVIDER INFORMATION
Submitter Code: TEST: TEST SUBMIT
COPYTO Code:
Submitter Name: TEST SUBMITTER
Address:
City: State: Zip:
Phone Number:
Fax Number:
Contact:
INSURANCE:
Log Out

PATIENT INFORMATION
Patient ID Number:
Patient Number (LAB Unique ID):
PATIENT NAME (Last, First MI, Suffix):
County of Residence:
DOB:
Phone # (Home): Phone # (Work): Phone # (Cell):
Address, City, State Zip:
Parent / Guardian (if applicable): Relationship:
Log Out

Search Window
Field: D.O.B. Starts with: Contains:
Search: 01/01/2001 Get Data


Last	First	D.O.B.	Phone #	Addr	Zip	Patient ID	Unique ID
TEST	TEST	01/01/2001				123456	2198353

If you want to enter in an additional test for a previous patient:

Click the **GREEN +** to obtain a new Lab #, and instead of clicking the pencil, **SELECT** the **magnifying glass**.

A window will pop-up, and you can search the patient's information by Last Name, First Name, DOB or Patient ID.

Once you have found your patient, click the [blue link](#) under **Unique ID** and the patient information will auto-populate into the submission form.



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Log Out

Ordering Location: TEST
Performing Location: DECATUR
Specimen:

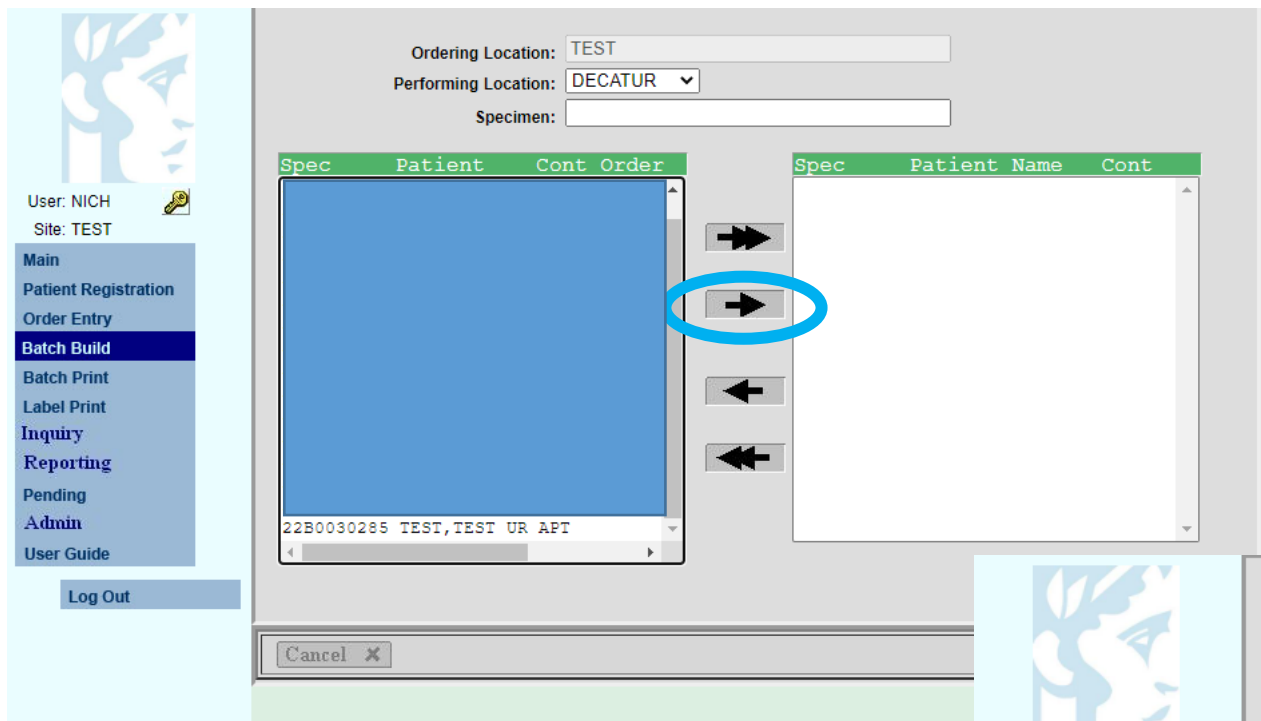
Spec	Patient	Cont	Order
22B0030285 TEST,TEST UR APT			

→
→
←
←

Spec	Patient Name	Cont
------	--------------	------

Cancel Save

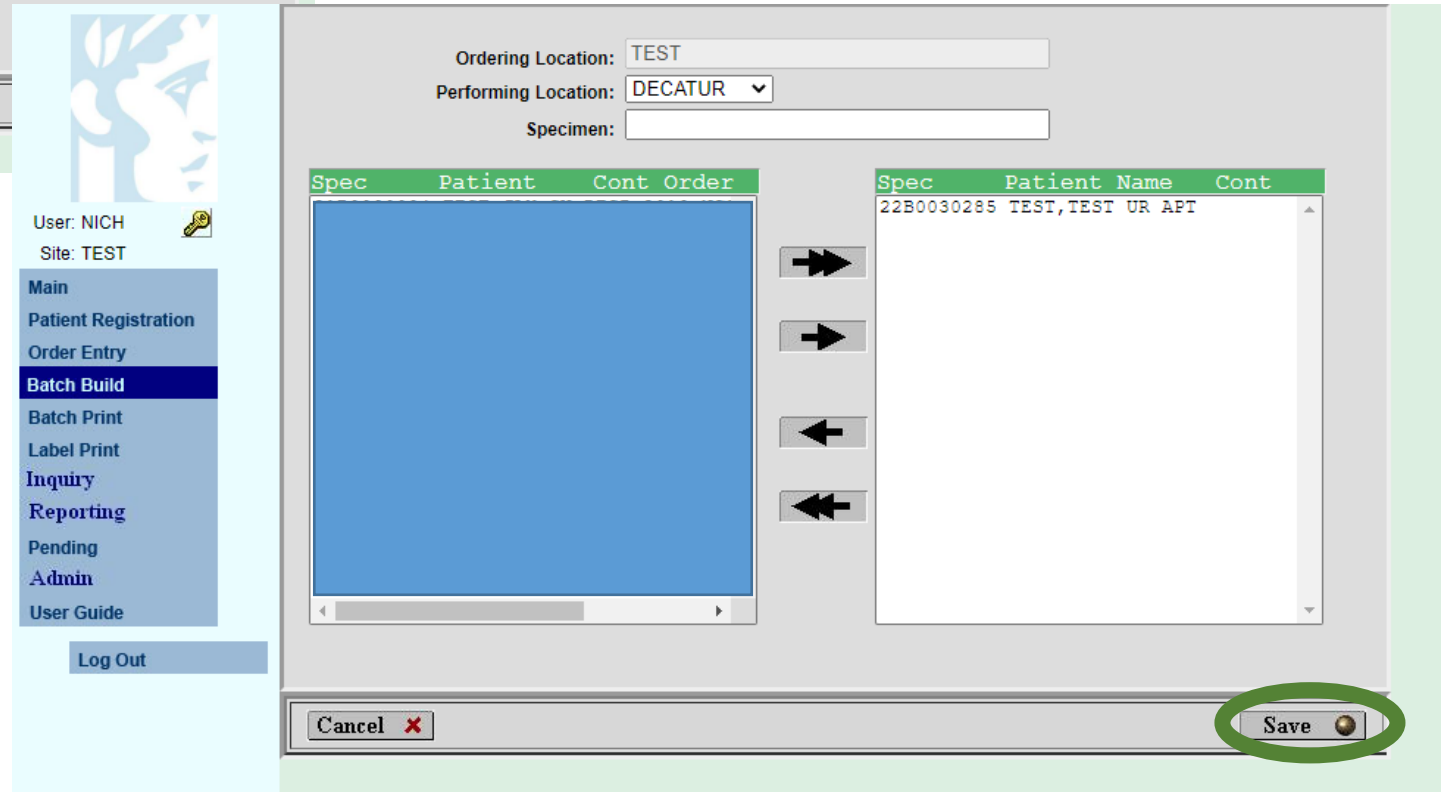
Once you have entered in all of your patients,
Select **BATCH BUILD** from the Menu on the left and the above screen will appear.




Click on the patient you want to put on the Batch List. It will be highlighted.

Once it is highlighted, click the **arrow pointing to the right** to move the patient to the Batch List.

Once you have selected all of your patients and moved them to the Batch List, click **SAVE**





User: NICH
Site: TEST

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Log Out

Ordering Location: TEST
Performing Location:
Specimen:

Spec	Patient	Cont	Order

Spec	Patient Name	Cont

05/11/2022, 15:39:08

Batch Shipment List:

Print

Close

Ordering Location: TESTPerforming Site: *MAINBatch #:22051101

Specimen #	Patient Name	Date of Birth	Coll Date	Container	Test(s)
22B0030285	TEST, TEST	01/01/2001	05/11/2022	UR	APT

Once you click SAVE,
your Batch list will pop up.

Click **PRINT**.

Your Print Box will appear. Be
sure to print 2 copies; 1 copy
for your records and 1 copy to
be sent with your specimens
to the Lab.

Put specimens in a BIOHAZARD BAG with absorbent material.
Ship to GPHL in a Category B Box on Ice.

Separate specimens by batch. Pack each batch together and include the Batch list in the package with the specimens. Do not mix batches when packing. Each Batch should be packed separately.