

STATE OF IDAHO BUREAU OF LABORATORIES  
2220 OLD PENITENTIARY ROAD  
BOISE, IDAHO 83712-8299  
(208) 334-2235

***B. pertussis* Test Request Form**

- Pertussis PCR  
 Pertussis Culture

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Identification Number \_\_\_\_\_ Sex:  M  F

City and County of Residence \_\_\_\_\_

Date of Collection \_\_\_\_\_ Source:  NP swab  NP aspirate  Other \_\_\_\_\_

**PERTUSSIS PCR WILL ONLY BE PERFORMED IF THIS REQUISITION IS  
COMPLETELY FILLED OUT.**

Culture performed?  Yes  No

Symptoms:  Cough illness  $\geq$  7 days  Duration of Cough: \_\_\_\_\_  
 Paroxysmal cough  
 Inspiratory "whoop"  
 Post-tussive vomiting  
 Apnea (in children)

Is patient currently on antibiotics?  Yes  No Antibiotic: \_\_\_\_\_  
Duration: \_\_\_\_\_

Is this part of a suspected outbreak?  Yes  No

**Send report to:**

Facility \_\_\_\_\_  
Attention \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

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Facility \_\_\_\_\_  
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City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_