



# VIROLOGY/IMMUNOLOGY REQUEST

Oregon State Public Health Laboratory  
PO Box 275 - Portland, OR 97207-0275  
Information: 503-693-4100

OSPHL Use Only - Please Do Not Write In Shaded Area

## PATIENT INFORMATION

Patient Name (Last, First, MI) or Unique Identifier

County of Residence

Date of Collection

Female  Male

Date of Birth

Patient ID Number

Health Plan Name

Medicaid Number

Social Security Number (If Medicaid eligible)

ICD-9 Code

Referring Physician's Medicaid Provider Number

## SUBMITTER INFORMATION

Submitter Code

Return Results To: (Must provide complete address)

Authorized Ordering Individual (Physician/Clinician)

Submitter Phone Number

Extension

## TESTS REQUESTED

### HEPATITIS

- Hepatitis A Screen Only (Anti-HAV IgM)
- Hepatitis A Total Antibody (Anti-HAV Total)
- Acute Symptoms Present (Anti-HAV IgM, HBsAg, Anti-HBc)
- Carrier Status Assessment (HBsAg, Anti-HBc IgM)
- Hepatitis B Contact (HBsAg, Anti-HBc)
- Prevacine Screen (Anti-HBc)
- Postvacine Check (Anti-HBs)
- Infant of HBsAg+ Mother (HBsAg, Anti-HBs)
- Refugee/Immigrant Screen (HBsAg)
- Hepatitis C Antibody (screen only)
- Other (Specify) \_\_\_\_\_
- Additional Information \_\_\_\_\_

### SYPHILIS

- Routine Screen
- Prenatal - Trimester 1 2 3
- Diagnosis
- Premarital - State \_\_\_\_\_
- Treatment Check
- FTA-ABS (DS)
- VDRL (Spinal Fluid)

### RUBELLA IMMUNE STATUS

- Prenatal - Trimester 1 2 3
- Premarital - State \_\_\_\_\_

### PRENATAL HEPATITIS SCREENING For Local Health Departments Only

Prenatal - Trimester 1 2 3  
If PREVIOUSLY POSITIVE for HBsAg -  
When? (MM/YY) \_\_\_\_\_  
Other Tests Requested:  Rubella  Syphilis

### MISCELLANEOUS SEROLOGIES

- SINGLE SPECIMEN
- ACUTE
- CONVALESCENT
- Brucellosis
- Hantavirus (with prior approval only)
- Leptospirosis
- Lyme Disease
- Mumps
- Parvovirus
- Polioviruses
- Rickettsial Battery (RMSF, Murine typhus, Q Fever)
- Rubella IgG (Immune Status)
- Rubeola
- Tularemia
- Varicella IgG (Immune Status)
- West Nile Virus (requires additional form)
- Other \_\_\_\_\_
- CDC Sendout for \_\_\_\_\_  
(Requires Completed CDC form 50-34)

DATE OF ONSET

### VIRUS ISOLATION

- Rule-Out Influenza Culture
- Virus Identification
- Virus Isolation \_\_\_\_\_
- Other \_\_\_\_\_

Source

Date of Onset

Clinical Diagnosis

Specific Agent(s) Suspected

Comments:

Symptoms/Syndromes (check those applicable) Type of Specimen: (check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Cardiovascular         | <input type="checkbox"/> Cerebrospinal Fluid |
| <input type="checkbox"/> Central Nervous System | <input type="checkbox"/> Lesion Swab         |
| <input type="checkbox"/> Congenital/Neonatal    | <input type="checkbox"/> Stool               |
| <input type="checkbox"/> Gastrointestinal       | <input type="checkbox"/> Throat Washing/Swab |
| <input type="checkbox"/> Rash                   | <input type="checkbox"/> Tissue              |
| <input type="checkbox"/> Respiratory            | <input type="checkbox"/> Urine               |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____         |

COMMENTS:

### NOROVIRUS

- Outbreak Associated EPI Outbreak # \_\_\_\_\_
- Not Outbreak Associated

## GENERAL INSTRUCTIONS

- Please use a separate request form for each specimen type (i.e. serum, spinal fluid, throat swab, etc.)
- Submit each specimen with a completed request form. **PLEASE PRINT LEGIBLY.**
- Please fill out the request form **COMPLETELY** or delays in processing and testing the specimen may occur.
- Additional information beyond that on the test request form may be required (such as a CDC form), depending on the examination requested, to assure accurate and timely testing and reporting of results.
- Both the test request form and the specimen container label must have the same patient name or unique identifier and/or other relevant information or the sample will not be tested. **If specimen identity differs from that on the test request form, testing will not be performed!**
- Specimens will be rejected if they are of insufficient quantity, insufficient quality, excessive age for the examination requested, received with either specimen container unlabeled or test request form incomplete or mismatched, submitted in an inappropriate manner, or leaking. Every attempt will be made to salvage leaking or improperly submitted samples of cerebrospinal fluid, biopsy tissues, aspirates, and other specimens obtained surgically providing that the safety of the laboratory worker is not compromised.

## COLLECTION AND SHIPPING INSTRUCTIONS

Observe universal safety precautions in collection and handling of all specimens.

### 1. BLOOD SPECIMENS

- a. Perform venipuncture using proper technique to obtain 5-7 ml of blood.
- b. Collect the blood in the red-top vacutainer tube provided.
- c. Label the specimen tube IMMEDIATELY after collection with the patient's name and date of collection.
- d. Allow the blood to clot at room temperature.
- e. Place the specimen in a plastic bag containing enough absorbent material to absorb any fluid that may leak, seal the bag, and insert it into the primary (metal) container.
- f. Cap the primary container and wrap the request form around the OUTSIDE, then insert primary container with request form wrapped around it into the secondary (cardboard) mailing container.
- g. Ship specimen to the Public Health Laboratory as soon as possible in compliance with Federal shipping regulations (refer to the *Shipping and Transport* section of the Oregon State Public Health Laboratory's Guide to Services).
- h. Specimens which are not mailed within 8 hours of collection should be refrigerated (after clotting) until shipment. Please do not mail specimens over long weekends or holidays when the mail may be delayed. Long holding times can adversely affect test results in some cases so transport specimens to the lab as rapidly as possible.

### 2. SERUM SPECIMENS

- a. A minimum of 1 ml of serum is required for testing.
- b. If applicable, indicate in the SPECIMEN INFORMATION section of the request form the time and temperature of serum inactivation and/or the presence of any preservatives.
- c. Follow steps "e" through "h" under BLOOD SPECIMENS above.

### 3. PAIRED SERUM SPECIMENS

- a. The first (acute) specimen should be collected as soon after the onset of disease as possible EXCEPT for suspected cases of PARVOVIRUS where the first specimen should be collected at least 14 days after contact or exposure to avoid false negative results.
- b. The second (convalescent) specimen should be collected 10 to 20 days later. IF ANTIBIOTICS HAVE BEEN GIVEN, it may be necessary to collect a third specimen after treatment is finished because some antibiotics can affect antibody development. RICKETTSIAL specimens may require 4 to 8 weeks for an antibody response.

### 4. SPINAL FLUID SPECIMENS (Syphilis only)

- a. Aseptically collect a minimum of 2 ml of spinal fluid.
- b. Mark the VDRL (spinal fluid) box under SYPHILIS section on request form.
- c. Follow steps "e" through "h" under BLOOD SPECIMENS above.

### 5. SPECIMENS FOR VIRUS ISOLATION

COLLECT SPECIMENS AS SOON AS POSSIBLE AFTER THE ONSET OF SYMPTOMS AND SEND TO THE OSPHL AS SOON AS POSSIBLE. Specimens can be held for 24 hours at refrigerator temperature, and should be sent refrigerated using wet ice or cold packs. Wet ice must be in a separate, leakproof container. For longer storage, specimens should be frozen at -70°C and kept frozen using dry ice until delivered to the laboratory. SPECIMENS FOR VARICELLA ZOSTER OR CYTOMEGALOVIRUS SHOULD BE STORED AND SHIPPED COLD BUT NEVER FROZEN. LABEL EACH SPECIMEN WITH THE NAME AND DATE COLLECTED. **DO NOT GARGLE WITH VIRAL TRANSPORT MEDIA.**

- a. **LESION AND OTHER SWAB SPECIMENS** Swab the area thoroughly, break off the swab, and leave in the viral transport media tube. Screw cap on tightly and label the container with the patient name.
- b. **STOOL SPECIMENS SHOULD BE COLLECTED WITHIN 4 WEEKS OF ONSET FOR RECOVERY OF VIRUS.** Transfer a portion of the specimen (at least pea-size or one cc of liquid stool) to a screw-capped container, close tightly, and reseal with tape. Bacteria and parasite kits can not be used for stool specimens for virus isolation.
- c. **OTHER SPECIMEN TYPES.** Please call OSPHL for specific collection instructions.

**CONSULT CURRENT POSTAL REGULATIONS FOR POSTAGE AND SHIPPING REQUIREMENTS.** Specimens must be packaged with enough absorbent material to retain all of the liquid if the container leaks or breaks. Specimens with insufficient postage or which have broken or leaked in transit will not be accepted.

6. **FOR FURTHER INFORMATION, COLLECTION KITS, AND/OR REQUEST FORMS, PLEASE TURN THIS FORM OVER AND USE THE INFORMATION IN THE TOP LEFT CORNER TO CONTACT US.**