

STATE LAB

Use Only

Laboratories Administration MDH
1770 Ashland Ave • Baltimore, MD 21205
443-681-3800

http://health.maryland.gov/laboratories/

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SEROLOGICAL TESTING



MARYLAND
Department of Health

Form section for patient information including fields for Patient SS #, Health Care Provider, Address, City, State, Zip Code, Contact Name, Phone #, Fax #, Sex, Race, MRN/Case #, DOC #, Outbreak #, Submitter Lab #, Date Collected, Time Collected, Vaccination History, Previous Test Done, Name of Test, Date, Onset Date, Exposure Date, and Clinical Illness/Symptoms.

Form section for Arbovirus Panels (Serum or CSF) including Mandatory information (Onset Date, Collection Date, Travel History), Arbovirus Endemic Panel (WNV, EEE, SLE, LAC), Arbovirus Travel-Associated Panel (Chikungunya, Dengue, Zika), Required information (DIAGNOSIS, SYMPTOMS, ILLNESS FATAL?, TRAVEL HISTORY, IMMUNIZATIONS, IMMUNOCOMPROMISED?), and a list of pathogens (Aspergillus, Babesia microti, Chagas disease, Chlamydia, Coxiella burnetii, Cryptococcal, Cytomegalovirus, Ehrlichia, Epstein-Barr Virus, Hepatitis A Screen).

Form section for Hepatitis B Screen, Prenatal patient?, Hepatitis B Panel, Hepatitis B post vaccine, Hepatitis C screen, Herpes Simplex Virus, Legionella, Leptospira, Lyme Disease, MMRV Immunity Screen, Mononucleosis - Infectious, Mumps Immunity Screen, Mycoplasma, Rabies, Rickettsia, Rubella Immunity Screen, Rubeola, Schistosoma, Strongyloides, Syphilis, Toxoplasma, Varicella Immunity Screen, VDRL, and CDC/Other Test(s).

Form section for RESTRICTED TEST (Pre-approved submitters Only), HIV, Country of Origin, Rapid Test, Date, Specimen storage and transport information, and SPECIMEN SOURCE CODES (Blood, CSF, Plasma, Serum, Urine).

Original

### CLINIC CODES

EH – Employee Health  
FP – Family Planning  
MTY/PN – Maternity/Prenatal  
NOD – Nurse of Day  
STD/STI – Sexually Transmitted Disease/Infections  
CD- Communicable Disease  
COR – Correctional Facility  
**Do not mark a box if clinic type does not apply**

### COMPLETING FORM

Type or print legibly  
Printed labels are recommended  
Please place labels on all copies of form  
**Print or type the name of the person Authorized to order test(s)** (this may be added to the pre-printed label).  
Press firmly – two part form  
**Collection date and time are required by Law.**  
**WRITE SPECIMEN CODE in box next to test**  
**\*Specimen/samples cannot be processed without a requested test.**

### VACCINATION HISTORY

List vaccination dates for all Rabies, Hepatitis B and MMRV (Mumps, Measles, Rubella and Varicella) test request.  
Rabies Vaccination history is required for all RFFIT test requests.

### HIV TESTING

Include previous HIV Test information in the top section under Previous Test done.  
Submit a separate specimen for HIV testing when multiple tests are ordered on the one form.  
**Questions/comments on the use of the specimen bags/storage/shipping or completing the form contact:**  
**Accessioning Unit 443-681-3842 or 443-681-3793**  
  
**To order collection kits and/or specimen collection supplies, contact:**  
**Outfit Unit 443-681-3777 or Fax 443-681-3850 or**  
**E-mail [mdhlabs.outfits@maryland.gov](mailto:mdhlabs.outfits@maryland.gov)**

**For Specific Test Requirements Refer to:**  
**“Guide to Public Health Laboratory Services”**  
**Available online: [mdh.maryland.gov/laboratories](http://mdh.maryland.gov/laboratories)**

### LABELING SPECIMENS/SAMPLES

**Printed labels with all required patient information are recommended.**  
  
**Print patient name, date of birth.**  
**Print date and time the specimen was collected.**  
  
**DO NOT cover expiration date of collection container.**  
  
**Write specimen source on the collection container(s).**

### PACKAGING SPECIMENS FOR TRANSPORT

**Never place specimens with different temperature requirements in the same bio-bag.**  
  
Use one (1) bio-bag per temperature requirement.  
  
Review test request form to ensure all test(s) have been marked.  
  
**Verify all specimens have been labeled.**  
  
Place folded request form(s) in the outer pouch of bio-bag.  
  
Multiple specimens from the same patient with the same temperature requirements must be packaged together in one (1) bio-bag.

### URINE SPECIMENS – Refrigerate PACKAGING AND SHIPPING

**Double bag all urine specimens.**  
  
Urine specimens require absorbent towel in bio-bag with specimen (express excess air before sealing).  
  
Place bagged urine specimen in second bio-bag with all refrigerated specimens from the same patient.  
  
Place folded test request form(s) in outer pouch of second bag.