STATE LAB Use Only

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

http://health.maryland.gov/laboratories/ Robert A. Myers, Ph.D., Director SEROLOGICAL TESTING



	ir.			
ш	□ EH □ FP □ MTY/PN □ NOD □ STD □ TB □ CD□ COR		Patient SS # (last 4 digits):	
AATION OR PLACE PIES	Heath Care Provider		Last Name ☐ SR ☐ JR ☐ Other:	
	Address		First Name M.I.	
	City County		Date of Birth (mm/dd/yyyy) / /	
	State Zip Code		Address	
	Contact Name:		City County	
) S	Phone # Fax #		State	Zip Code
) 본	Test Request Authorized by:		State	Zipoode
ED BC				
TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON BOTH COPIES	Sex: Male Female Transgender Mto F Transgender F			or Latino Origin? Yes No
	Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African An			
	MRN/Case # DOC #		Outbreak #	Submitter Lab#
	Date Collected: Time Collected		□a.m. □ p.m.	*Vaccination History
	Previous Test Done? Name of Test	Dat	Date/ □ 1st □ 2nd □ 3rd State Lab Number:	
E O			ate/	
ГҮР				
•	Onset Date: / / Exposure Date: / / ClinicalIllness/Symptoms:			
↓ SPECII	MEN SOURCE CODE	■ SPECIMEN SOURCE C	CODE	↓ SPECIMEN SOURCE CODE
Arbovirus Panels (Serum or CSF) Mandatory: Onset Date, Collection Date and Travel History		Hepatitis B Screen		RESTRICTED TEST Pre-approved submitters Only
		Prenatal patient?		
	rbovirus Endemic Panel (WNV, EEE, SLE, LAC)	* <u>Hepatitis B Pane</u> l:		Submit a separate specimen for HIV
A			accine(<i>HBsAb</i>)	http://health.maryland.gov/laboratories/
(Chikungunya, Dengue, Zika) Based on information provided PCR and or Immunological assays will be performed.		Hepatitis C screen		111117
			rus (<i>HSV</i>) types 1&2	HIV
		Legionella		
Required information, check all that apply: DIAGNOSIS: □ Aseptic Meningitis □ Encephalitis □Other:		Leptospira		Country of Origin:
		Lyme Disease		
		MMRV Immunity Screen: [Measles(Rubeola)*		Rapid Test: Reactive Negative
		Mumps, Rubella, Varicella, (Chickenpox)		
SYMPTOMS: Headache Fever Stiff Neck Altered Mental State Muscle Weakness Rash Other: ILLNESS FATAL? Yes No TRAVEL HISTORY (Dates and Places)		IgG Ab only] Mononucleosis – Infectious		Date:/ /
				<u></u>
		Mumps Immunity S Mycoplasma	creen	Specimen stored refrigerated (2°-8°C)
			st vaccination dates above)*	after collection: Yes No
			Mountain Spotted Fever)	Specimen transported on Cold Packs: Yes No
		Rickettsia (Murine		opeoiment transported en estat dates.
		Rubella Immunity S	•	-
		Rubeola (<i>Measles</i>		1
		Schistosoma	,	1
		Strongyloides		1
IMMUNIZATIONS: Yellow fever? ☐ Yes☐ No Flavivirus? ☐ Yes☐ No IMMUNOCOMPROMISED? ☐ Yes☐ No		Syphilis – Previous	ly treated? ☐ Yes ☐ No	1
		Toxoplasma	•]
		Varicella Immunity	Screen	
		VDRL (CSF only)		
		CDC/Other Test(s)		1
		Add'l Specimen Co	des	
A:	spergillus			
В	abesia microti			
С	hagas disease	•	have been made with the	SPECIMEN SOURCE CODES:
С	nlamydia (<i>group antigen IgG</i>) following N		MDH Lab Administration Employee:	PLACE CODE IN BOX NEXT TO TEST
	oxiella burnetii (<i>Q Fever</i>)			B Blood (5 ml)
	yptococcal (antigen)			
	ytomegalovirus (<i>CMV</i>)	*Diseas Note Vession !! I!! Al		
	hrlichia	Please Note Vaco	ination History Above	i lasina
	pstein-Barr Virus (<i>EBV</i>)			S Serum (1 ml per test) U Urine
	lepatitis A Screen(IgM Ab only,acute infection)	0-1-	inal	O Office
	Call Lab (443-681-3889) prior to submitting	Orig	IIIaI	
виты 4677	POVICOG TIVIV			

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 preprinted 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

For Specific Test Requirements Refer to: "Guide to Public Health Laboratory Services"
Available online: 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.