

**New Jersey Department of Health
Public Health and Environmental Laboratories
PO Box 361
Trenton, NJ 08625-0361**

State Lab Specimen ID No.

REQUEST FOR IMMUNOLOGICAL / ISOLATION / MOLECULAR TESTING SERVICES

Enter all information legibly and completely to avoid processing delays!

Name (Last, First, MI) <i>(NOTE: Name on each specimen must exactly match the name on this form.)</i>			CDS Case Number																					
Address (Street, Apt. #)		City		State																				
Zip Code																								
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB ____/____/____	FOR PHEL USE ONLY: Applicable Test		Date/Time Received																				
<p>Specimen Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Serum</td> <td><input type="checkbox"/> Throat Wash</td> <td><input type="checkbox"/> Stool</td> <td><input type="checkbox"/> Amniotic Fluid</td> </tr> <tr> <td><input type="checkbox"/> Plasma (EDTA)</td> <td><input type="checkbox"/> Bronchoalveolar Lavage/Wash</td> <td><input type="checkbox"/> Biopsy/Autopsy</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CSF</td> <td><input type="checkbox"/> Sputum</td> <td colspan="2"><input type="checkbox"/> Fixed Tissue (Specify): _____</td> </tr> <tr> <td><input type="checkbox"/> Nasal Wash</td> <td><input type="checkbox"/> Swab</td> <td colspan="2"><input type="checkbox"/> Frozen Tissue (Specify): _____</td> </tr> <tr> <td><input type="checkbox"/> Urine</td> <td><input type="checkbox"/> Lesion/Vesicle Aspirate</td> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p>NOTE: Zika testing on urine, CSF, and/or amniotic fluid must be accompanied by a serum specimen.</p>					<input type="checkbox"/> Serum	<input type="checkbox"/> Throat Wash	<input type="checkbox"/> Stool	<input type="checkbox"/> Amniotic Fluid	<input type="checkbox"/> Plasma (EDTA)	<input type="checkbox"/> Bronchoalveolar Lavage/Wash	<input type="checkbox"/> Biopsy/Autopsy		<input type="checkbox"/> CSF	<input type="checkbox"/> Sputum	<input type="checkbox"/> Fixed Tissue (Specify): _____		<input type="checkbox"/> Nasal Wash	<input type="checkbox"/> Swab	<input type="checkbox"/> Frozen Tissue (Specify): _____		<input type="checkbox"/> Urine	<input type="checkbox"/> Lesion/Vesicle Aspirate	<input type="checkbox"/> Other: _____	
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<p>Tests Requested</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> <p><u>Viral Serology Screens</u></p> <p>90420 <input type="checkbox"/> Rubella (German Measles) IgG 90430 <input type="checkbox"/> Rubeola (Measles) IgG 90440 <input type="checkbox"/> Mumps IgG 90550 <input type="checkbox"/> Varicella IgG 90560 <input type="checkbox"/> Cytomegalovirus IgG 90570 <input type="checkbox"/> Toxoplasmosis IgG 90600 <input type="checkbox"/> Herpes Group IgG</p> <p><u>Viral Isolation Testing</u></p> <p>90710 <input type="checkbox"/> HSV</p> <p><u>Molecular/PCR</u></p> <p>90798 <input type="checkbox"/> Influenza 95205 <input type="checkbox"/> Respiratory Virus Panel 90800 <input type="checkbox"/> MERS CoV 90787 <input type="checkbox"/> Norovirus</p> </td> <td style="vertical-align: top; width: 33%;"> <p><u>Current Infection/Outbreak Investigation</u></p> <p>90435 <input type="checkbox"/> Rubeola IgM 90565 <input type="checkbox"/> Cytomegalovirus IgM 90575 <input type="checkbox"/> Toxoplasmosis IgM</p> <p><u>Hepatitis Testing</u></p> <p>90610 <input type="checkbox"/> Hepatitis A IgM Antibody 90611 <input type="checkbox"/> Hepatitis A Total Antibody 90630 <input type="checkbox"/> Hepatitis B Surface Antigen 90640 <input type="checkbox"/> Hepatitis B Surface Antibody 90650 <input type="checkbox"/> Hepatitis B Total Core Antibody 90660 <input type="checkbox"/> Hepatitis C Antibody</p> <p><u>WNV Testing</u></p> <p>80001 <input type="checkbox"/> WNV IgM Antibody 80005 <input type="checkbox"/> WNV IgM-CSF</p> </td> <td style="vertical-align: top; width: 33%;"> <p><u>Zika Testing</u></p> <p>80080/82/84 <input type="checkbox"/> Zika Panel (PCR,IgM) 80092/94 <input type="checkbox"/> PCR Only 80020/50/60 <input type="checkbox"/> Newborn 80090 <input type="checkbox"/> Follow Up IgM 80050/65 <input type="checkbox"/> Amnio & Serum PCR</p> <p><input type="checkbox"/> <u>Other:</u> Specify _____ _____ _____</p> </td> </tr> </table>					<p><u>Viral Serology Screens</u></p> <p>90420 <input type="checkbox"/> Rubella (German Measles) IgG 90430 <input type="checkbox"/> Rubeola (Measles) IgG 90440 <input type="checkbox"/> Mumps IgG 90550 <input type="checkbox"/> Varicella IgG 90560 <input type="checkbox"/> Cytomegalovirus IgG 90570 <input type="checkbox"/> Toxoplasmosis IgG 90600 <input type="checkbox"/> Herpes Group IgG</p> <p><u>Viral Isolation Testing</u></p> <p>90710 <input type="checkbox"/> HSV</p> <p><u>Molecular/PCR</u></p> <p>90798 <input type="checkbox"/> Influenza 95205 <input type="checkbox"/> Respiratory Virus Panel 90800 <input type="checkbox"/> MERS CoV 90787 <input type="checkbox"/> Norovirus</p>	<p><u>Current Infection/Outbreak Investigation</u></p> <p>90435 <input type="checkbox"/> Rubeola IgM 90565 <input type="checkbox"/> Cytomegalovirus IgM 90575 <input type="checkbox"/> Toxoplasmosis IgM</p> <p><u>Hepatitis Testing</u></p> <p>90610 <input type="checkbox"/> Hepatitis A IgM Antibody 90611 <input type="checkbox"/> Hepatitis A Total Antibody 90630 <input type="checkbox"/> Hepatitis B Surface Antigen 90640 <input type="checkbox"/> Hepatitis B Surface Antibody 90650 <input type="checkbox"/> Hepatitis B Total Core Antibody 90660 <input type="checkbox"/> Hepatitis C Antibody</p> <p><u>WNV Testing</u></p> <p>80001 <input type="checkbox"/> WNV IgM Antibody 80005 <input type="checkbox"/> WNV IgM-CSF</p>	<p><u>Zika Testing</u></p> <p>80080/82/84 <input type="checkbox"/> Zika Panel (PCR,IgM) 80092/94 <input type="checkbox"/> PCR Only 80020/50/60 <input type="checkbox"/> Newborn 80090 <input type="checkbox"/> Follow Up IgM 80050/65 <input type="checkbox"/> Amnio & Serum PCR</p> <p><input type="checkbox"/> <u>Other:</u> Specify _____ _____ _____</p>																	
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<p>Specimen Collection Date and Time (MUST BE COMPLETED BY SUBMITTING FACILITY) Date: ____/____/____ Time: ____:____ <input type="checkbox"/> AM / <input type="checkbox"/> PM</p>																								
Requesting Physician Information (PRINT)			Submitting Facility/Laboratory Information (PRINT)																					
Physician Name (Print or Type)			Facility Name (Print or Type)																					
Address (Street and Suite, City, State, Zip Code)			Address (Street and Suite, City, State, Zip Code)																					
Contact Name			Contact Name																					
Contact Telephone No.	Contact Fax No.	Contact Telephone No.	Contact Fax No.																					
Email Address		Patient ID Number		Email Address																				
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See Instructions for SRD-1 Form

**INSTRUCTIONS FOR COMPLETING THE SRD-1 FORM
REQUEST FOR IMMUNOLOGICAL/ISOLATION/MOLECULAR TESTING SERVICES**

For All Requests:

- **Complete a separate form for each patient.**
- **Provide all information requested on the form.**
 - Specimens may be rejected and testing will be delayed if information is missing, incomplete, or inaccurate.
 - Please include additional patient information as warranted in the "Pertinent Clinical Information" box on the form, e.g., brief history, clinical findings, relevant lab data, etc.
- Specimens should be labeled with two (2) identifiers, i.e., Name (which must match photo ID), DOB, other unique patient ID.
- Specimen and SRD-1 identifiers must match. (Name on the specimen must EXACTLY match the name on the form.)

For Zika Testing:

- For newborn specimen requirements contact the Communicable Disease Service at 609-826-5964
- For all others:
3 ml of serum and 3 ml of urine are required

Zika specimens collected and shipped Monday—Thursday

- Refrigerate serum and urine at 2-8° C
- Ship on frozen cold packs within 24 hours of collection
- Follow IATA Packaging Instructions for Category B Infectious substances
- If shipment cannot occur within 24 hours, freeze at -15 to -25° C and ship overnight on dry ice

Zika specimens collected Friday through Sunday

- Freeze serum and urine at -15 to -25° C
- Ship Monday on dry ice
- Follow IATA Packaging instructions for Category B infectious substances and dry ice
- For more information on PHEL Zika Testing go to: <http://www.nj.gov/health/phel/>

For Viral Isolation:

- Collect specimens aseptically as soon as possible after symptom onset or at autopsy. Label each specimen with patient identification information, type of specimen, and date of collection. Refrigerate specimens immediately and deliver to the New Jersey Department of Health, Public Health and Environmental Laboratories (PHEL) as soon as possible. Ship on cold or frozen cold packs with next day delivery.

For Viral Serology:

- Collect acute specimen via venipuncture into appropriate tube (red top, serum separator) within 7 days of onset. Convalescent samples should be drawn similarly 14 to 21 days after the acute sample. Allow blood to clot before centrifuging to separate the serum. Store sera at 2 °C to 8 °C (35.6 °F to 46.4 °F) until they are shipped to the Lab. If specimen will not be delivered to the lab within 7 days, freeze serum samples at -20 °C (-4 °F). Ship refrigerated specimens on cold packs, and frozen specimens on dry ice for next day delivery.

For Molecular/PCR:

Norovirus Testing

- Should not be frozen, only refrigerated. Do not add fixatives or preservatives.

Influenza, Respiratory Virus Panel, and MERS CoV Testing

- Collect respiratory specimens aseptically as soon as possible after symptom onset or at autopsy. Label each specimen with patient identification information, type of specimen, and date of collection. Refrigerate samples immediately and deliver to the PHEL as soon as possible. Maintain cold chain throughout delivery process. If delivery will be delayed, specimens should be frozen at -20 ° C. Ship refrigerated specimens on cold packs, and frozen specimens on dry ice for next day delivery.

Delivery:

- Ground deliveries should be made to:
New Jersey Department of Health
Public Health and Environmental Laboratories
Specimen Receiving Unit
3 Schwarzkopf Drive
Ewing, NJ 08628
- Directions at: http://www.state.nj.us/health/forms/srd-1_instr1.pdf
- Map at: http://www.state.nj.us/health/forms/srd-1_instr2.pdf