

REQUEST FOR VIRAL SEROLOGY, CULTURE AND MOLECULAR DIAGNOSTICS

ENTER ALL INFORMATION LEGIBLY AND COMPLETELY TO AVOID PROCESSING DELAYS!

Patient Information

Patient Name (Last, First, MI) (Must <u>exactly</u> match the name on the specimen)		Sex for Clinical Purposes Male Female Unknown		Date of Birth	CDRSS Number	Outbreak # E-
Patient Address (Street, Apt. #)		City	State	Zip Code	Telephone Number	
Ethnicity	Race			Sexual Orientation		
Gender Identity				Pregnancy Status Pregnant Unknown Not Pregnant Not Applicable		
History of recent international travel? Yes No Unknown Where (Countries): _____ Dates of Travel _____ to _____		Hospitalization Status Inpatient Emergency Department Outpatient Unknown		ICU Yes No Unknown	Admission Date	
Symptom Onset Date:		Pertinent Clinical Information (brief history, clinical findings, relevant lab data)				
Relevant Treatment: _____ Date: _____		Relevant Immunizations: _____ Date: _____				

Submitting Facility/Laboratory Information

Requesting Physician Information

Facility Name		Physician Name	
Submitter Address (Street and Suite, City, State, Zip Code)		Physician Address (Street and Suite, City, State, Zip Code)	
Submitter Contact Name		Contact Name	
Contact Telephone No.	Contact Fax No.	Contact Telephone No.	Contact Fax No.
Email Address	Patient ID No.	Email Address	Patient ID No.

Specimen Information

Specimen ID	Collection Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	NJDOH TEST CODE
Specimen Type Serum Nasopharyngeal (NP) Swab Nasal Swab (Anterior nasal or nasal mid-turbinate) Plasma (EDTA) Oropharyngeal (OP) Swab Lower Respiratory Tract Aspirate CSF Combined NP/OP Swab Bronchoalveolar Lavage Urine Nasal Wash Cutaneous/mucocutaneous lesion swab Sputum Nasopharyngeal Wash/Aspirate Other: _____ NOTE: Zika testing on urine, CSF, and/or amniotic fluid must be accompanied by a serum specimen.		
Specimen Source Site (i.e., arm, nasopharynx, joint): _____		
Test(s) Requested		

Viral Serology Screens 90420 Rubella (German Measles) IgG 90430 Measles (Rubeola) IgG 90440 Mumps IgG 90550 Varicella (Chickenpox) IgG 90575 Toxoplasmosis IgM 90570 Toxoplasmosis IgG	Molecular/PCR 90850 Respiratory Viral Surveillance (Influenza + SARS-CoV-2) 10010 SARS-CoV-2 Diagnostic Testing 95220 Respiratory Pathogen Panel 90710 HSV (Herpes Simplex Virus) 1/2 Reference Laboratory*: Lab: _____ Test: _____ Other*: Specify _____	Arboviral Testing Arboviral Panel* Serum Arboviral Panel* CSF 80001 West Nile Virus IgM- Serum 80005 West Nile Virus IgM- CSF 80150 Dengue Virus IgM- Serum 80084 Zika Virus IgM- Serum 80080/82 Zika/Chikungunya/Dengue Triplex RT-PCR *Arbovirus Panel: includes West Nile Virus IgM, Powassan Virus IgM, Eastern Equine Encephalitis Virus IgM, and St. Louis Encephalitis IgM	DATE/TIME RECEIVED
Hepatitis Testing 90610 Hepatitis A IgM Antibody 90611 Hepatitis A Total Antibody 90630 Hepatitis B Surface Antigen 90640 Hepatitis B Surface Antibody 90650 Hepatitis B Total Core Antibody 90660 Hepatitis C Antibody			

See Instructions for SRD-1 Form

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INSTRUCTIONS FOR COMPLETING THE SRD-1 FORM

Please direct clinical or epidemiological questions to the NJ Communicable Disease Service and specimen submission or laboratory questions to the NJ Public Health Laboratory

For All Requests:

- **Complete a separate form for each specimen.**
- **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.
- **Should you need additional space, please submit a separate sheet of paper that includes patient name and date of birth.**
- **Specimens should be labeled with two (2) identifiers, i.e., Name, date of birth or other unique patient ID.**
- **Specimen and SRD-1 identifiers must match EXACTLY.**
- **Ship refrigerated specimens on cold packs and frozen specimens on dry ice for next day delivery.**

For Zika Testing:

- Before submitting a specimen, contact the Communicable Disease Service at 609-826-5964 to ensure your case meets appropriate case definitions.
- Submit a minimum volume of 3 ml of serum and 3 ml of urine are required.
- Follow IATA Packaging Instructions for Category B infectious substances.
- Refrigerate serum and urine at 2-8°C and ship on frozen cold packs within 24 hours of collection.
- If shipment cannot occur within 24 hours, freeze at <-20°C, and ship on dry ice.

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) for up to seven days 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).

For Molecular/PCR:

- Collect specimens aseptically as soon as possible after symptom onset or at autopsy.
- Refrigerate samples immediately and deliver to the PHEL as soon as possible.
- If delivery will be delayed more than 72 hours after time of collection, specimens should be frozen at as low of a temperature as possible (≤-70° preferred, but ≤-20°C will be accepted and shipped on dry ice).
- If you are unsure which respiratory test to select, please request **respiratory virus surveillance** to aid in the identification of unsubtypeable influenza viruses
- All providers may submit samples for influenza subtyping.
- Only enhanced surveillance providers should request respiratory pathogen testing. If you require testing assistance in suspect non-influenza respiratory infections, please contact phel.influenza@doh.nj.gov.
- If you would like to request MERS-CoV testing, contact the Communicable Disease Service at 609-826-5964 for additional information.

Package and Ship all specimens according to USDOT Hazardous Materials Transport regulations 49 CFR parts 171-178. Package and ship all Category A infectious substances following USDOT 49 CFR 173.196. Package and ship all Category B infectious substances following the USDOT 49 CFR 173.199. Overnight deliveries are accepted Tuesday through Friday 8:30 am to 3:30 pm; except state holidays. Ground deliveries are accepted Monday through Friday 8:30 am to 3:30 pm; except state holidays. For further questions regarding packaging and shipping please contact PHEL Receiving at (609) 530-8387. Please find link to the state courier service here: <https://www.nj.gov/health/phel/>.

Ground deliveries should be made to:

New Jersey Public Health and Environmental Laboratories Specimen Receiving Unit
3 Schwarzkopf Drive
Ewing, NJ 08628

**INSTRUCTIONS FOR COMPLETING THE "REQUEST FOR VIRAL
SEROLOGY, CULTURE AND MOLECULAR DIAGNOSTICS" FORM**

If completing a printed copy of this form, please use the following legend to fill in the "Patient Information" section. Please write the option exactly as it appears below:

Sexual Orientation

Lesbian
Gay
Straight
Bisexual
Unknown
Decline to answer
Something Else

Gender Identity

Male
Female
Transgender Male (TM)/Female to Male
Transgender Female (TF)/Male to Female
Genderqueer/Non-Binary
Decline to Answer
Other

Ethnicity

Hispanic or Latino
Not Hispanic
Unknown

Race

American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific
Islander White
Other Race