[1] 1. Last Name | First Name | MI

2. Patient Number

3. Address

Zip Code

4. Date of Birth

Month | Day | Year

5. Race ☐ 1. White ☐ 2. Black ☐ 3. American Indian ☐ 4. Asian ☐ 5. Native Hawaiian/Pacific Islander ☐ 6. Unknown

6. Hispanic or Latino Origin? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

7. Sex ☐ 1. Male ☐ 2. Female

8. Co. of Residence

9. Medicaid Client ☐ Yes ☐ No
If yes, enter #

DO NOT WRITE IN THIS SPACE
LABORATORY NUMBER

N.C. Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive • P.O. Box 28047
Raleigh, NC 27611-8047

PLEASE GIVE ALL INFORMATION REQUESTED

VIROLOGY

[2] FEDERAL TAX NO. _____

SEND REPORT TO:

_____

_____

_____ Zip Code: _____

[3] Ordering Provider Name: _____

Provider NPI: | | | | | | | | | | |

[4] Contact Name: _____

Phone: _____

Fax: _____

[5] INFECTIOUS AGENT(S) SUSPECTED OR TEST(S) REQUIRED:

- ❑ Comprehensive Viral Culture
- ❑ Influenza
- ❑ HSV/VZV
- ❑ Mumps
- ❑ Other _____

[6] SPECIMEN SOURCE	[7] DATE COLLECTED
(a)	
(b)	
(c)	
[8] ONSET DATE:	[9] Dx Code/ICD-10:

[10] CLINIC: Prenatal (Due Date: _____) ❑ STD ❑ Other _____

[11] **PATIENT SIGNS AND SYMPTOMS**

GENITAL
- ❑ Vesicles
- ❑ PID
- ❑ Cervicitis
- ❑ Urethritis
- ❑ Hysterectomy
- ❑ Mucopurulent discharge
- ❑ Atypical Lesion

RASH
- ❑ Macular
- ❑ Papular
- ❑ Vesicular
- ❑ Petechial
- ❑ Focal
- ❑ Hemorrhagic

RESPIRATORY
Cough
- ❑ Pneumonia
- ❑ Bronchitis
- ❑ Croup
- ❑ Pharyngitis

CNS
- ❑ Seizures
- ❑ Meningitis
- ❑ Encephalitis
- ❑ Nuchal rigidity
- ❑ Paralysis

CARDIOVASCULAR
- ❑ Chest Pain
- ❑ Pericarditis
- ❑ Myocarditis
- ❑ Pleurodynia

GASTROINTESTINAL
- ❑ Nausea/vomiting
- ❑ Diarrhea

GENERAL
- ❑ Fever to _____°
- ❑ Headache
- ❑ Fatigue
- ❑ Sore Throat
- ❑ Jaundice
- ❑ Conjunctivitis

Patient Expired? ❑ Yes Date: _____

Recent Vaccination History:

Travel History:

FOR LABORATORY USE ONLY

TEMPERATURE ON ARRIVAL: ❑ FROZEN ❑ COLD ❑ AMBIENT **DATE RECEIVED:** _____

Comments:
- ❑ Four or more days between collection and receipt of specimen
- ❑ Specimen broken or leaked in transit
- ❑ Specimen received ambient

❑ Other _____

_____

_____

_____

Results telephoned to _____

date _____

by _____

INTERPRETATION:
- ❑ Negative: No virus detected.
- ❑ Virus detected using molecular assay.
- ❑ Virus detected using DFA method.
- ❑ Viral-like agent detected. Further testing in process.
- ❑ Positive virus identified as:

Unsatisfactory Specimen:
- ❑ No name on specimen
- ❑ Specimen broken/leaked
- ❑ Other _____
- ❑ Name on specimen/form do not match
- ❑ Collected in incorrect transport media

Instructions

PURPOSE: Submission of specimens for detection of viral infectious agents by viral culture and/or molecular diagnostics.

PREPARATION: Clearly label each specimen primary container with the patient's first and last name, either date of birth, patient number or other unique identifier, specimen source and collection date. Specimens without names or incorrectly labeled specimens will be deemed unsatisfactory for testing. Submit no more than three specimens per patient with each form. For additional information, see "SCOPE, A Guide to Services" on our website at http://slph.ncpublichealth.com or contact the Virology/Serology Unit at (919) 733-7544.

PREPARATION OF FORM: Please print legibly or use a preprinted label. To avoid delays in testing, fill out all items in Sections 1 through 11 of the submission form. Enclose submission form in a plastic bag to prevent contamination due to possible leakage.

SHIPMENT: Keep properly identified specimens cold BUT NOT FROZEN (cold packs and leak-proof Styrofoam container) and deliver to the Laboratory within 48 hours of collection. Specimens for CMV or RSV culture should be refrigerated immediately after collection and delivered to the Laboratory within 24 hours. Additional specimen collection and transport kits are available through the NCSLPH online supply ordering system on our website at http://slph.ncpublichealth.com

DISPOSITION: This form may be destroyed in accordance with Standard 5, Patient Clinical Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History.