OUTBREAK SEROLOGY REQUEST

State Form 53761 (R2 / 9-12)
CLIA Certified Laboratory #15D0662599

Reset Form

INDIANA STATE DEPARTMENT OF HEALTH
LABORATORIES
550 W. 16TH STREET, SUITE B
INDIANAPOLIS, IN 46202
(317) 921-5858

Section 1. Patient Demographics

Last Name _____ First Name _____ MI _____ Date of Birth *(m/d/y)* ___/___/_____

Patient ID _____ Address *(number and street, and city)* _____ State _____ ZIP Code _____

Race:

☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Multiracial
☐ Other
☐ Unknown

Ethnicity:

☐ Hispanic or Latino ☐ Not Hispanic or Latino
☐ Unknown

Sex:

☐ Male ☐ Female ☐ Unknown

Name of ☐ Employer ☐ School ☐ Care Facility ☐ Institution _____ Facility Telephone Number _____ - _____ - _____ Occupation _____

Institution Resident? ☐ Yes ☐ No Institution Type ☐ Prison ☐ Nursing Home ☐ Other *(specify)* _____
Staff? ☐ Yes ☐ No

Section 2. Specimen Information

☐ Blood ☐ Serum ☐ CSF Date of onset ____/____/_____ Date collected: Acute____/____/_____ Convalescent____/____/_____

Is specimen part of a public health investigation? ☐ Yes ☐ No ☐ Unknown Is patient immunocompromised? ☐ Yes ☐ No

Section 3. Test Selection

Agent suspected_____

☐ Hepatitis A
☐ Measles IgM
☐ Measles IgG
☐ Rubella IgM
☐ Mumps IgM
☐ Mumps IgG
☐ West Nile Virus
☐ Arbovirus Panel (WNV, SLE, EEE, WEE, CE)

Section 4. Symptoms

☐Symptomatic ☐ Asymptomatic ☐ Chronic ☐Localized ☐ Disseminated

General Symptoms
☐ Fever _____°F
☐ Headache
☐ Sore Throat
☐ Cough
☐ Myalgia
☐ Anorexia
☐ Otitis
☐ Parotitis

Exanthema
☐ Maculopapular
☐ Papular
☐ Hemorrhagic
☐ Vesicular
☐ Petechial
☐ Erythema Migrans
☐ Oral Lesion
☐ Genital Lesion

CNS
☐ Encephalitis
☐ Meningitis
☐ Neck Rigidity
☐ Seizures
☐ Paralysis
☐ Chorea

Respiratory
☐ Common Cold
☐ ARDS
☐ Upper Resp. Inf.
☐ Lower Resp. Inf.
☐ Pneumonia
☐ Bronchitis
☐ Pharyngitis

G.I.
☐ Nausea
☐ Vomiting
☐ Diarrhea
☐ Abdominal Pain
☐ Constipation
☐ Gastroenteritis

Ocular
☐ Conjunctivitis
☐ Chorioretinitis
☐ Blurred Vision

Cardiovascular
☐ Myocarditis
☐ Pericarditis
☐ Endocarditis
☐ Cardiomegaly

Organomegaly
☐ Splenomegaly
☐ Hepatomegaly
☐ Orchitis

Miscellaneous
☐ Jaundice
☐ Lymphadenopathy
☐ Pleurodynia

Other
_____
_____
_____
_____

Section 5. Contact / Exposure

☐ Contact with and/or ☐ Exposure to: ☐ Human Cases ☐ Insects ☐ Animals ☐ Birds

Similar Infection: Family ☐ Yes ☐ No Community ☐ Yes ☐No

Complete Reverse Side

Section 6. Travel History

Travel history for the past 60 days:

Traveled to / from _____

Date of Departure *(m/d/y)* _____/_____/_____ **Date of Return** *(m/d/y)* _____/_____/_____

Section 7. Related Immunizations

1. _____ **Date** *(m/d/y)*____/____/_____
2. _____ **Date** *(m/d/y)*____/____/_____
3. _____ **Date** *(m/d/y)*____/____/_____

Recent Vaccinations

1. _____ **Date** *(m/d/y)* ____/____/_____
2. _____ **Date** *(m/d/y)*____/____/_____
3. _____ **Date** *(m/d/y)*____/____/_____

Section 8. Provider Information

_____

Name of Healthcare Provider

_____ _____-_____-_____ _____-_____-_____

E-mail Address **Telephone Number** **Fax Number**

Section 9. Submitter Information

_____ _____

Submitting Organization **Name of Staff**

_____ _____ _____

Telephone Number **Fax Number** **E-mail Address**

_____

Address ***(number and street)***

_____

Address ***(number and street)***

_____ _____ _____

City **State** **ZIP Code**

Specimen Collection

1. **Submit at least 3ml of serum in a screw-capped serum tube. Alternatively, collect at least 7-10ml of whole blood in a red top venipuncture or serum separator tube. Label the specimen tube with patient identifier and collection date. Specimens without a patient ID or collection date will be considered unsatisfactory and will not be tested.**
2. **Patient ID and collection date must match those recorded on the specimen tube. Any incomplete information will cause significant delays in receiving results**
3. **Complete all sections 1 through 9 on the reverse side of this form in ink, ensuring that the patient information on the specimen tube matches the information on the entry. The submitter fax number to which the results are to be sent *must* be included, as well as the requested test type. Specimens lacking complete information will not be tested.**

Specimen Packaging and Shipment

Note: Specimens should be refrigerated at 4°C if held prior to shipping.

Serum or whole blood in serum separator tubes may be shipped at ambient temperature. Shipping whole blood in red top tubes at ambient temperature may result in hemolysis and a specimen unsatisfactory for testing.

1. **Use a UN3373 Biological Substance, Category B shipping container or 9A containers provided by ISDH. ISDH containers may be obtained by phoning (317) 921-5875.**
2. **The specimen should be wrapped in absorbent material and then placed in a secondary leak proof packaging.**
3. **Place the submission form in the outer container or in a plastic bag to prevent contamination from specimen. The secondary packaging and and paperwork should be placed in a rigid outer packaging, which should be labeled with the designation "UN3373, Biological Substance, Category B". The package must also be labeled with both the sender's and consignee address and phone numbers, and also the name and phone number of the party responsible for shipping the package.**
4. **Complete the appropriate shipping label and affix to the outer mailer with a return address and all appropriate shipping labels. Specimens may be shipped via private service, such as UPS or Fed Ex, or USPS.**
5. **Specimens should be shipped to arrive at ISDH Monday through Friday. Shipping specimens which will be in transit during the weekend or holiday is not recommended. All specimens may be shipped on cold packs if possible.**
6. **All patient specimens should be packaged and labeled in accordance with federal shipping regulations, using Biological Substance, Category B. Please use the above packing instructions to assure compliance with both private carrier and D.O.T. shipping regulations and to minimize breakage and leakage of the specimen. Broken or leaking specimens present a biohazard and cannot be tested.**
   Specimens submitted by courier should be packaged securely to prevent breakage. Loose specimens in Ziploc bags increase the chance of breakage and biohazard. Broken or leaking specimens present a biohazard and cannot be tested.

ISDH Lab Use Only

Date Received ***(m/d/y)***: _____

Label