

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

2. Patient Number _____ (Social Security Number) _____ H _____

3. Address _____ 4. Date of Birth _____

.....
 Zip Code _____ Month _____ Day _____ Year _____

5. Race: White Black Am. Ind. Asian/Pacific Islander Other

6. Sex: Male Female 7. Co. of Residence _____

8. Medicaid Client? Yes _____
 If yes, enter # No _____

9. Family Planning or EPSDT patient? If yes, check the box please:

VIROLOGY

North Carolina
 Department of Health and Human Services
State Laboratory of Public Health
 Lou F. Turner, Dr. P.H., Director
 Virology/Serology Laboratory
 306 North Wilmington Street • P.O. Box 28047
 Raleigh, NC 27611-8047
 Phone: (919) 733-7544 • Fax: (919) 715-7700

[2] SEND REPORT TO: _____ _____ Zip Code: _____	FEDERAL TAX NO. _____	[3] SPECIMEN SOURCE	[4] DATE COLLECTED	STATE LAB NUMBER
		(a)		
		(b)		
		(c)		

PHYSICIAN AND/OR CLINIC: _____ Prenatal (Due Date: _____)
[5] _____ STD _____ OTHER _____
 Weekday phone #: _____ After hours phone #: _____ Fax Phone #: _____

INFECTIOUS AGENT(S) SUSPECTED OR TEST(S) REQUIRED **[7]** Herpes simplex virus Other

DATE SPECIMEN(S) SUBMITTED **[8]**

[9] **PATIENT SIGNS AND SYMPTOMS**

GENITAL	RASH	RESPIRATORY	CNS	CARDIOVASCULAR	GENERAL
<input type="checkbox"/> Vesicles	<input type="checkbox"/> Macular	<input type="checkbox"/> Cough	<input type="checkbox"/> Seizures	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Fever to _____ °
<input type="checkbox"/> PID	<input type="checkbox"/> Papular	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Pericarditis	<input type="checkbox"/> Headache
<input type="checkbox"/> Cervicitis	<input type="checkbox"/> Vesicular	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Myocarditis	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Urethritis	<input type="checkbox"/> Petechial	<input type="checkbox"/> Croup	<input type="checkbox"/> Nuchal rigidity	<input type="checkbox"/> Pleurodynia	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Focal	<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Paralysis	GASTROINTESTINAL	<input type="checkbox"/> Jaundice
<input type="checkbox"/> Mucopurulent discharge	<input type="checkbox"/> Hemorrhagic			<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Conjunctivitis
<input type="checkbox"/> Atypical Lesion				<input type="checkbox"/> Diarrhea	

Recent Vaccination History: _____ Travel History: _____

LABORATORY REPORT

TEMPERATURE ON ARRIVAL: FROZEN COLD AMBIENT DATE RECEIVED _____

CONCERNING YOUR SPECIMEN <input type="checkbox"/> No name on specimen <input type="checkbox"/> Name on specimen and form do not match <input type="checkbox"/> 4 or more days between collection and receipt of specimen <input type="checkbox"/> specimen broken or leaked in transit <input type="checkbox"/> Specimen received ambient <input type="checkbox"/> Collected in incorrect transport media <input type="checkbox"/> Patient does not meet testing criteria (see attached) <input type="checkbox"/> Specimen forwarded to CDC for: _____ DATE: _____	SPECIMEN SOURCE	TEST METHOD/CPT CODE:							INTERPRETATION: <input type="checkbox"/> Negative: No virus detected. <input type="checkbox"/> Viral-like agent detected. Further testing in process. <input type="checkbox"/> Positive: virus identified as:	
		NON-HUMAN HETEROPOLOID CELLS 87252	HUMAN HETEROPOLOID CELLS 87252	PRIMARY MONKEY KIDNEY CELLS 87252	HUMAN DIPLOID CELLS 87252	HUMAN RD CELLS 87252	VERO CELLS 87252	EGG-AL/AMN 87250		NUCLEIC ACID AMPLIFICATION 87798

INTERPRETIVE COMMENTS: _____	Results telephoned to _____	Preliminary Report Date: _____
	date _____	Reporting Technologist: _____
	by _____	Final Report Date: _____
		Reporting Technologist: _____

INSTRUCTIONS FOR COMPLETION OF THIS FORM AND SPECIMEN SUBMISSION

1. Clearly label each specimen primary container with the patient's first and last name, specimen source and collection date. Specimens without names or incorrectly labeled specimens will not be tested.
2. Please type or print. To avoid delays in testing, fill out all items in Section 1 through 9. ENCLOSE SUBMISSION FORM IN A PLASTIC BAG TO PREVENT CONTAMINATION DUE TO POSSIBLE LEAKAGE.
3. Submit no more than three specimens per patient with each form.
4. Additional forms or specimen collection and transport kits are available from:

Laboratory Mailroom
306 North Wilmington Street
P.O. Box 28047
Raleigh, NC 27611-8047
(919)733-7656

5. For additional information, see "SCOPE, A Guide to Services" distributed by the North Carolina State Laboratory of Public Health, visit our web site at <http://slph.state.nc.us>, or contact the Virology/Serology Laboratory at (919) 733-7544.

SUGGESTED SPECIMENS FOR VIROLOGY

DISEASE OR SYNDROME	ETIOLOGIC AGENT	SPECIMEN OPTIONS
Central Nervous System	Echovirus Poliovirus Coxsackievirus Herpes simplex virus Mumps virus Eastern equine encephalitis virus California encephalitis virus West Nile virus	Throat swab, feces, CSF Throat swab, feces, CSF Throat swab, feces, CSF Throat swab, brain tissue, CSF Throat swab, urine, CSF CSF, blood, brain tissue CSF, blood, brain tissue CSF, blood, brain tissue
Respiratory System	Influenza virus Parainfluenza virus Adenovirus Respiratory syncytial virus*	Throat swab, NP wash/swab Throat swab, NP wash/swab Throat swab, NP wash/swab, conjunctival swab Throat swab, NP wash/swab
Rash, Vesicular	Herpes simplex virus Varicella zoster virus* Coxsackievirus	Vesicle fluid, scraping Vesicle fluid, scraping Throat swab, feces
Myopericarditis	Coxsackievirus Echovirus	Throat swab, feces, pericardial fluid Throat swab, feces, pericardial fluid
Other	Cytomegalovirus*	Urine, throat swab, buffy coat

KEEP SPECIMENS COLD BUT NOT FROZEN (COLD PACK AND LEAK-PROOF STYROFOAM CONTAINER) AND DELIVER TO THE LABORATORY WITHIN 48 HOURS OF COLLECTION.

*Specimens for CMV, RSV, or VZV culture should be refrigerated immediately after collection and delivered to the Laboratory within 24 hours. Never freeze specimens for VZV, CMV or RSV culture.

INTERPRETATION OF VIRUS DETECTION RESULTS

Failure to detect virus may be the result of a number of factors including improperly collected specimens, specimens collected at a period in the disease when the patient is not shedding virus, improperly transported specimens, or lack of sensitivity in the system being used.

Since people may asymptotically carry a variety of viruses, viruses may be detected which are unrelated to the current clinical illness. Detection of specific viral agents must be interpreted in relation to the specimen source, clinical information and other laboratory information.