

 DOH 420-183

**Resources for Specimen Submission During Norovirus Outbreaks for Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department Notification | Contact Department | Contact Name(s) | Contact Name(s) | Contact e-mail(s)/phone number |
| Local healthcare facility and/or contracted clinical laboratory | Clinical Virology lead |  |  |  |
|  |  |  |  |
|  |  |  |  |