



State of Washington
Department of Health
PUBLIC HEALTH LABORATORIES
1610 N.E. 150th Street
Shoreline, Washington 98155-9701
Phone: (206) 418-5400
Fax: (206) 364-0072
MTS #1327 CLIA #50D0661453

FOR PHL USE ONLY

Lab Number

Date/Time Received

SEROLOGY/VIROLOGY/HIV

Please Print Clearly

PATIENT

NAME (LAST) _____ (FIRST) _____ (MI) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MALE FEMALE DATE OF BIRTH MO _____ DAY _____ YEAR _____ COUNTY _____

CHART OR PATIENT ID # _____ SUBMITTER'S SPECIMEN # _____

PHYSICIAN _____ PHYSICIAN'S PHONE # () - _____

SUBMITTER

NAME OF PERSON COMPLETING THIS FORM _____ PHONE # () - _____

REPORT RESULTS TO: _____

FACILITY NAME: _____

ADDRESS: _____

ZIP CODE _____ COUNTY _____

AREA CODE & PHONE # () - _____ FAX # () - _____

EPIDEMIOLOGY

SPECIMEN IS FROM:
 SINGLE CASE CONTACT
 OUTBREAK CARRIER

SUSPECTED SOURCE OF INFECTION: _____

TRAVEL HISTORY (CONTINUE TRAVEL HISTORY IN COMMENTS, IF NECESSARY):
 FOREIGN USA
MO _____ DAY _____ YEAR _____ TO MO _____ DAY _____ YEAR _____
MO _____ DAY _____ YEAR _____ TO MO _____ DAY _____ YEAR _____

VACCINATION HISTORY: _____

COMMENTS

ATTENTION: (See Instructions on Reverse Side of Form)

SYPHILIS SEROLOGY VIRUS HIV

SPECIFIC AGENT SUSPECTED/ TEST REQUESTED:

DATE COLLECTED	MO	DAY	YEAR	TIME OF DAY	<input type="radio"/> AM <input type="radio"/> PM
DATE OF ONSET	MO	DAY	YEAR	TIME OF DAY	<input type="radio"/> AM <input type="radio"/> PM
DATE SENT TO STATE	MO	DAY	YEAR	FATAL?	<input type="radio"/> YES <input type="radio"/> NO

TYPE OF SPECIMEN

SERUM/BLOOD CSF NP/THR
 BUCCAL URINE OTHER (SPECIFY) _____

VIRUS EXAMINATIONS

Chief Clinical Findings (check system involved and list chief symptoms)

Respiratory _____
 Central Nervous System _____
 Cutaneous Eruptions - Locations & Type _____
 Other _____

Optimally, collect isolation specimen within 3 days of onset. Submit each specimen as soon as collected. Keep at refrigerator temperatures. 24-hour delivery is preferred.

SYPHILIS SEROLOGY

Diagnostic: [Syphilis Status Unknown; EIA Screen, if reactive, RPR to confirm; reflexive TP-PA performed on EIA reactive/RPR non-reactive]

Reference: [Reactive syphilis specimens submitted to PHL for confirmatory testing; EIA and RPR only]

Previous Syphilis Test Result:
- (Please list any previous test result and titer if applicable)
 VDRL _____ RPR _____
 TP-PA _____ EIA/CIA _____ OTHER _____

CSF [VDRL only]

HIV

TYPE OF TEST REQUESTED: EIA HIV 1/2 Differentiation

PREVIOUS HIV TEST DONE? YES NO DON'T KNOW DECLINED

IF YES, TYPE OF TEST DONE: Conventional Rapid Other _____

RESULT: Positive Negative Preliminary Positive Indeterminant
 Don't know

FOR PHL USE ONLY

Date/Time Reported: _____

GENERAL INSTRUCTIONS:

- PLEASE PRINT LEGIBLY.
- Please fill out the requisition form COMPLETELY. Delays in processing the specimen or reporting results may occur if information is incomplete.
- Each specimen submitted to the Public Health Laboratories (PHL) must be clearly marked with two matching identifiers to identifiers filled on this form.
- Each specimen submitted to the PHL must have its own requisition form.
- Place requisition form in the OUTER pouch of Biohazard Ziploc bag. ONLY one specimen per bag.
- Send specimens to the PHL as soon as possible to help ensure valid test results.
- All specimens being shipped must meet DOT (Department of Transportation), IATA, OSHA and US Postal Service regulations for Category B Biological Substances. It is the shipper's responsibility to ensure that packages being shipped meet [these](#) regulations.
- Specimens mailed with insufficient postage will not be delivered by the Postal Service.
- This form replaces:

Serology/Virology/HIV	Form Number DOH 302-017(04/2012)
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- Do NOT use this form for any requests other than for the HIV, Serology and Virology laboratories. Do NOT use this form to submit specimens for [Rabies](#). Using the incorrect form may delay processing of the specimen.
- To obtain additional requisition forms or collection kits, please contact the PHL Mail Room at (206) 418-5579 or see the [link](#) below.
- Please see <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu> for sample specific submission condition requirements. FAILURE TO PROPERLY TRANSPORT SPECIMENS MAY RESULT IN SPECIMEN REJECTION.