VIROLOGY/IMMUNOLOGY REQUEST

Oregon State Public Health Laboratory (OSPHL)
7202 NE Evergreen Pkwy. Suite 100; Hillsboro, OR 97124
Information: 503-693-4100

Oregon Health Authority

PATIENT INFORMATION

*Patient last name, first, middle initial:

*Date of birth (mm/dd/yyyy):

*Sex/gender: ◯ Female ◯ F to M ◯ Male ◯ M to F ◯ Unknown

Patient ID/Chart number:

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Multi-race ☐ Other ☐ Unknown ☐ Declined

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown ☐ Declined

Patient street address:

City:

State:

ZIP:

*County of Residence:

Outbreak number:

Study:

*Submitting facility:

*Ordering clinician:

Contact number:

Copy results to: ☐ County of Residence ☐ State Public Health ☐ Other Public Health: _____

PATIENT INSURANCE INFORMATION

*Insurance/Health plan name: ☐ *None* ☐ *Confidential*

Policy no.:

Group ID:

Diagnosis/ICD-10 code for test:

Public Health Program eligible patient (*for participating locations only*): ☐ STD Program ☐ RH Program ☐ Other: _____

SPECIMEN INFORMATION

*Date of collection:

Time of collection (##:##): ◯ AM ◯ PM

Hospitalized? ◯ Yes ◯ No

Pregnant? ◯ Yes ◯ No ◯ Unknown

Illness onset date:

◯ Acute ◯ Convalescent

*Specimen source: ☐ *Blood* ☐ *Serum* ☐ *Urine* ☐ *Stool* ☐ *Vomit* ☐ *Other:* _____

☐ *Nasopharyngeal Swab* ☐ *Nasal Swab* ☐ *Oropharyngeal/Throat Swab* ☐ *Other swab:* _____

*TESTS REQUESTED — Please choose one:

HEPATITIS

- ☐ HAVM: Hepatitis A IgM Antibody
- ☐ HAVG: Hepatitis A IgG Antibody
- ☐ HBSAG: Hepatitis B Surface Antigen
- ☐ HBSAB: Hepatitis B Surface Antibody
- ☐ HBCT: Hepatitis B Core Antibody
- ☐ HBCM: Hepatitis B Core IgM Antibody
- ☐ HCV: Hepatitis C Antibody Screen with Confirmation

SYPHILIS

- ☐ Screen with Confirmation (TP)
- ☐ Confirmation — Recent reactive antibody test or previous history (RPR Only)

CT/CG

☐ CT/GC: Chlamydia/Gonorrhea by NAAT (*Nucleic Acid Amplification Testing*)

◯ Vaginal/patient ◯ Rectal/patient ◯ Cervical
◯ Vaginal/clinician ◯ Rectal/clinician ◯ Pharyngeal
◯ Urine ◯ Urethral

HIV

☐ HIV: HIV-1/HIV-2 Antibody/Antigen Screen with Confirmation

Previous Rapid HIV testing? ◯ Positive ◯ Negative ◯ No test ◯ Unknown

MOLECULAR (*Requires prior approval or outbreak number*)

- ☐ COVID-19: SARS-CoV-2, RT-PCR or NAAT
- ☐ MOL NOV: Norovirus RT-PCR
- ☐ MOL IA/IB QUAL: Influenza RT-PCR Screen
- ☐ MOL MUV: Mumps RT-PCR
- ☐ MOL MEV: Measles RT-PCR
- ☐ BIOFIRE GI: BioFire® FilmArray® Gastroenteritis Panel
- ☐ BIOFIRE RP: BioFire® FilmArray® Respiratory Panel 2.1
- ☐ Other (*specify*): _____

REFERRAL TESTING / SEND-OUTS

CDC Referrals — Requires completed CDC form at: http://bitly.com/or-cdc-testing

Write in: _____

Non-CDC Referrals

Write in: _____

OTHER

Write in: _____

COMMENTS

Complete as many fields as possible. Required fields that will cause testing delays if not completed are marked with an asterisk (*).

GENERAL INSTRUCTIONS

Selected specimen submission clarifications are listed below for your reference. This list is not inclusive of all requirements. All specimens submitted are subject to the Oregon State Public Health Laboratory's Specimen Submission Policy, available at: http://bitly.com/SpecimenCriteria.

- Submit each specimen with a completed request form. PLEASE PRINT LEGIBLY.
- Please fill out the request form COMPLETELY or delays in processing and testing of the specimen may occur.
- Additional information beyond that on the test request form may be required (e.g., the Oregon Specimen Information for Lab Testing at the CDC form), depending on the examination requested, to assure accurate and timely testing and reporting of results.
- Both the test request form and the specimen container label must have at least two matching unique identifiers. If specimen identity differs from that on the test request form, testing may not be performed!
- Specimens may be rejected for any of the following reasons:

  1. Insufficient quantity or quality;
  2. Unlabeled specimen container;
  3. Leaking specimen;
  4. Specimen with incomplete requisition;
  5. Missing or invalid ordering clinician; or
  6. Incorrect or mismatching patient identifiers.

  Every attempt will be made to salvage leaking or improperly submitted samples of cerebrospinal fluid, biopsy tissues, aspirates, and other specimens obtained surgically, providing that the safety of the laboratory worker is not compromised.