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

2. Patient Number (Soc. Security No.) — H

3. Address

Zip Code

4. Date of Birth

Month Day Year

5. Race ☐ 1. White ☐ 2. Black ☐ 3. American Indian ☐ 4. Asian/Pacific Islander ☐ 5. Other

6. Hispanic Ethnicity: ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

7. Sex ☐ 1. Male ☐ 2. Female

8. Co. of Residence

9. Medicaid Client ☐ Yes If yes, enter # ☐ No —

10. Family Planning or EPSDT patient? If yes, please check box: ☐

[2] Federal Tax No.: _____

Send Report To:

_____

_____

_____Zip Code: _____

SEROLOGY

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

[3] SPECIMEN(S) SUBMITTED	[4] DATE COLLECTED	State Laboratory Number(s)
☐ ACUTE SERUM within 7 days of onset		
☐ CONVALESCENT SERUM		
☐ CSF		
[5] ONSET DATE	DATE RECEIVED	

[6] Physician Name: Weekday Phone No.: After-Hours Phone No.: Fax Phone No.:

[7] **PATIENT SIGNS AND SYMPTOMS**

GENITAL
- ☐ Vesicles
- ☐ PID
- ☐ Cervicitis
- ☐ Urethritis
- ☐ Hysterectomy
- ☐ Mucopurulent discharge
- ☐ Atypical Lesion

RASH
- ☐ Macular
- ☐ Papular
- ☐ Vesicular
- ☐ Petechial
- ☐ Focal
- ☐ Hemorrhagic

RESPIRATORY
- ☐ Cough
- ☐ Pneumonia
- ☐ Bronchitis
- ☐ Croup
- ☐ Pharyngitis

CNS
- ☐ Seizures
- ☐ Meningitis
- ☐ Encephalitis
- ☐ Nuchal rigidity
- ☐ Paralysis

CARDIOVASCULAR
- ☐ Chest Pain
- ☐ Pericarditis
- ☐ Myocarditis
- ☐ Pleurodynia

GASTROINTESTINAL
- ☐ Nausea/vomiting
- ☐ Diarrhea

GENERAL
- ☐ Fever to _____ °
- ☐ Headache
- ☐ Fatigue
- ☐ Sore Throat
- ☐ Jaundice
- ☐ Conjunctivitis

[8] Recent Vaccination History: Travel History:

INFECTIOUS AGENT(S) SUSPECTED AND TEST(S) REQUESTED

Serologic Diagnostic Panels Available:
(Check one or more boxes, as needed)

- ☐ Arboviral Panel (Eastern Equine Encephalitis, Western Equine Encephalitis, St. Louis Encephalitis, La Crosse Encephalitis and West Nile)
- ☐ Bacterial Agglutinins Panel *(Brucella abortus, Francisella tularensis)*
- ☐ Exanthems Panel (Measles, Rubella)
  All suspect cases should be called to Immunization prior to submission of specimen to State Lab.
- ☐ Rickettsia Panel (Rickettsia rickettsii, Rickettsia typhi, Ehrlichia species)

Single Agent Diagnostic Tests:
(Check one or more boxes, as needed)

- ☐ Human Immunodeficiency Virus 1 (HIV-1) confirmatory
- ☐ *Treponema pallidum* direct fluorescent detection (DFATP)
- ☐ *Treponema pallidum* particle agglutination confirmatory serology (TPPA)
- ☐ Venereal Disease Research Laboratory (VDRL) CSF only
- ☐ Other: _____
  _____
  _____
- ☐ Prior approval/consultation received from:
  _____
- ☐ Please forward specimen to CDC for testing. (Attach a completed CDC form. See "SCOPE: A Guide to Laboratory Services" for instructions).

Instructions for Completion of this Form and Serological Specimen Submission

Specimen Acceptance Policy:

Serologic testing is routinely performed only on serum. CSF will be tested in special cases if accompanied by a companion serum collected at the same time. Serologic assays are performed for a variety of bacterial, parasitic, rickettsial and viral agents. Usually an acute and convalescent phase serum are required for diagnostic tests. Please freeze and hold the acute serum for submission to the laboratory at a later date with the convalescent serum. The laboratory offers single serum diagnostic testing in the case of measles, rubella, rickettsial, or arboviral agents where testing of the initial serum might prove diagnostically useful. Diagnostic serologic services are available to both public and private health care providers.

Immune status testing for measles, mumps, rubella, or varicella is not available on a routine basis. Exceptions to this policy apply only to local health departments and include the following:

1. Rubella immune status testing is limited to prenatal patients with no documentation of vaccination or previous immune status testing. (Use form DHHS 1188).

2. "Stat" varicella zoster virus (VZV) immune status testing is available for prenatal clients and pregnant health department employees who ***lack a clear history*** of VZV infection and ***have been exposed to a known case*** of VZV within 96 hours of specimen testing. (Notify the lab prior to sending "stat" VZV requests).

3. Immune status testing for measles, mumps, rubella, or VZV is available for both clients and health department employees when vaccination is contraindicated and the nature of the contraindication is clearly stated on the submission form.

Specimen Collection, Packaging and Shipment:

1. To collect serum, draw blood into a red top vacuum tube, serum separator tube, or equivalent and let stand for 30 minutes to ensure complete clotting of the blood. Centrifuge the sample for 5-10 minutes at ≥1,000xG.

2. Transfer the serum to a plastic screw-capped vial available from the State Laboratory. (Hemolyzed, icteric, or lipemic serum may be unacceptable for certain serologic assays.)

3. Clearly label each specimen vial with the ***patient's first and last name***, type of specimen if not serum, and collection date. (Specimens without names or incorrectly labeled will not be tested).

4. To avoid testing delays, completely fill out all items in Sections 1 through 8 of the form and select the desired tests.

5. Package the labeled tubes with absorbent material inside of a secondary leak proof container such as a zip lock bag or larger screw-capped tube.

6. Ship the properly identified vials of patient sera and completed test request form in the blue colored mailing containers or their equivalent.

7. Additional serum transport tubes, blue colored specimen mailers, and DHHS 3445 forms for "SEROLOGY" are available by calling the mailroom (919) 733-7656 or writing:

   Laboratory Mailroom
   306 North Wilmington Street
   P.O. Box 28047
   Raleigh, NC 27611-8047

8. For further information, see "SCOPE, A Guide to Laboratory Services" distributed by the North Carolina State Laboratory of Public Health or contact the Virology/Serology Branch at (919) 733-7544.

Interpretation of Serological Results:

Failure to detect a significant antibody response 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 responding immunologically, selection of the incorrect infectious agent for testing, or lack of sensitivity in the serological system being used.