

# REQUEST FOR VIRAL SEROLOGY, CULTURE AND MOLECULAR DIAGNOSTICS

New Jersey Department of Health  
 Public Health and Environmental Laboratories  
 3 Schwarzkopf Drive | Ewing, NJ 08628  
 https://www.nj.gov/health/pheh/

State Lab Specimen ID No.

Note: Shaded boxes are for official use only

Patient Information						
Patient Name (Last, First, MI) (Must <u>exactly</u> match the name on the specimen)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date of Birth / /	CDRSS Number (if applicable)	Outbreak # (if applicable) <b>E-</b>	
Patient Address (Street, Apt. #)		City	State	Zip Code	Telephone Number	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Unknown		Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
History of recent international travel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Where (Countries): _____ Dates of Travel _____ to _____		Pregnancy Status <input type="checkbox"/> Pregnant <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Not Applicable	Hospitalization Status <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Unknown	ICU <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Admission Date	
Symptom Onset Date:		Pertinent Clinical Information (brief history, clinical findings, relevant lab data)				
Relevant Treatment: _____ Date: _____		Relevant Immunizations: _____ Date: _____				
Submitting Facility/Laboratory Information			Requesting Physician Information			
Facility Name			Physician Name			
Submitter Address (Street and Suite, City, State, Zip Code)			Physician Address (Street and Suite, City, State, Zip Code)			
Submitter Contact Name			Contact Name			
Contact Telephone No.	Contact Fax No.	Contact Telephone No.	Contact Fax No.			
Email Address	Patient ID No.	Email Address	Patient ID No.			
Specimen Information						
Specimen ID		Collection Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			NJDOH TEST CODE	
Specimen Type <input type="checkbox"/> Serum <input type="checkbox"/> Plasma (EDTA) <input type="checkbox"/> CSF <input type="checkbox"/> Nasal Wash <input type="checkbox"/> Urine <input type="checkbox"/> Bronchoalveolar Lavage/Wash <input type="checkbox"/> Sputum <input type="checkbox"/> Swab (specify _____) <input type="checkbox"/> Lesion/Vesicle Aspirate <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Stool <input type="checkbox"/> Biopsy/Autopsy <input type="checkbox"/> Fixed Tissue <input type="checkbox"/> Frozen Tissue <input type="checkbox"/> Other: _____ NOTE: Zika testing on urine, CSF, and/or amniotic fluid must be accompanied by a serum specimen.						
Specimen Source Site (i.e., arm, nasopharynx, joint): _____						
<b>Test(s) Requested</b> <b>Viral Serology Screens</b> 90420 <input type="checkbox"/> Rubella (German Measles) IgG 90430 <input type="checkbox"/> Rubella (Measles) IgG 90440 <input type="checkbox"/> Mumps IgG 90550 <input type="checkbox"/> Varicella IgG 90560 <input type="checkbox"/> Cytomegalovirus IgG 90570 <input type="checkbox"/> Toxoplasmosis IgG 90600 <input type="checkbox"/> Herpes Group IgG 10030 <input type="checkbox"/> SARS-CoV-2 IgG 10040 <input type="checkbox"/> SARS-CoV-2 IgM <b>Molecular/PCR</b> 90850 <input type="checkbox"/> Respiratory Viral Surveillance* 95210 <input type="checkbox"/> Respiratory Pathogen Panel 90800 <input type="checkbox"/> MERS CoV 90787 <input type="checkbox"/> Norovirus 90710 <input type="checkbox"/> HSV 1 90710 <input type="checkbox"/> HSV 2 90798 <input type="checkbox"/> Influenza 10010 <input type="checkbox"/> SARS-CoV-2		<b>Current Infection</b> 90435 <input type="checkbox"/> Rubella IgM 90565 <input type="checkbox"/> Cytomegalovirus IgM 90575 <input type="checkbox"/> Toxoplasmosis IgM <b>Hepatitis Testing</b> 90610 <input type="checkbox"/> Hepatitis A IgM Antibody 90611 <input type="checkbox"/> Hepatitis A Total Antibody 90630 <input type="checkbox"/> Hepatitis B Surface Antigen 90640 <input type="checkbox"/> Hepatitis B Surface Antibody 90650 <input type="checkbox"/> Hepatitis B Total Core Antibody 90660 <input type="checkbox"/> Hepatitis C Antibody <input type="checkbox"/> <b>Reference Laboratory*</b> : Lab: _____ Test: _____ <input type="checkbox"/> <b>Other*</b> : Specify _____		<b>Arboviral Testing</b> 80001 <input type="checkbox"/> West Nile Virus IgM-Serum 80005 <input type="checkbox"/> West Nile Virus IgM-CSF 80015 <input type="checkbox"/> Powassan IgM-Serum 80016 <input type="checkbox"/> Powassan IgM-CSF 90680 <input type="checkbox"/> Eastern Equine Encephalitis IgM-Serum 90685 <input type="checkbox"/> Eastern Equine Encephalitis IgM-CSF 90690 <input type="checkbox"/> St. Louis Encephalitis IgM-Serum 90691 <input type="checkbox"/> St. Louis Encephalitis IgM-CSF <b>Zika Testing</b> 80080/82/84 <input type="checkbox"/> Zika Panel (PCR,IgM) 80092/94 <input type="checkbox"/> Zika Triplex PCR Only 80020/50/60 <input type="checkbox"/> Newborn PCR and IgM 80090 <input type="checkbox"/> Follow Up IgM 80050/65 <input type="checkbox"/> Amnio & Serum PCR * Specimen submission requires prior approval		DATE/TIME RECEIVED

ENTER ALL INFORMATION LEGIBLY AND COMPLETELY TO AVOID PROCESSING DELAYS!

See Instructions for SRD-1 Form

# REQUEST FOR VIRAL SEROLOGY, CULTURE AND MOLECULAR DIAGNOSTICS

## INSTRUCTIONS FOR COMPLETING THE SRD-1 FORM

Please direct clinical or epidemiological questions to the NJ Communicable Disease Service and specimen submission or laboratory questions to the NJ Public Health Laboratory

### **For All Requests:**

- Complete a separate form for each specimen.
- Provide all information requested on the form.
  - Specimens may be rejected and testing will be delayed if information is missing, incomplete, or inaccurate.
  - Please include additional patient information as warranted in the "Pertinent Clinical Information" box on the form, e.g., brief history, clinical findings, relevant lab data, etc.
- Should you need additional space, please submit a separate sheet of paper that includes patient name and date of birth.
- Specimens should be labeled with two (2) identifiers, i.e., Name, date of birth or other unique patient ID.
- Specimen and SRD-1 identifiers must match EXACTLY.
- Ship refrigerated specimens on cold packs and frozen specimens on frozen packs or dry ice for next day delivery.

### **For Zika Testing:**

- For newborn specimen requirements contact the Communicable Disease Service at 609-826-5964.
- For all others:  
3 ml of serum and 3 ml of urine are required.

#### Zika specimens collected and shipped Monday—Thursday

- Refrigerate serum and urine at 2-8 °C.
- Ship on frozen cold packs within 24 hours of collection.
- Follow IATA Packaging Instructions for Category B infectious substances.
- If shipment cannot occur within 24 hours, freeze at -15 to -25 °C.

#### Zika specimens collected Friday through Sunday

- Freeze serum and urine at -15 to -25 °C.
- Ship Monday on dry ice.
- Follow IATA Packaging instructions for Category B infectious substances and dry ice.
- For more information on PHEL Zika Testing go to: <http://www.nj.gov/health/phe/>

### **HSV Molecular Testing**

- Collect specimens aseptically as soon as possible after symptom onset or at autopsy.
- Refrigerate specimens immediately and deliver to PHEL as soon as possible.

### **For Viral Serology:**

- Collect acute specimen via venipuncture into appropriate tube (red top, serum separator) within 7 days of onset.
- Convalescent samples should be drawn similarly 14 to 21 days after the acute sample. Allow blood to clot before centrifuging to separate the serum.
- Store sera at 2°C to 8°C (35.6 °F to 46.4°F) for up to seven days until they are shipped to the lab.
- If specimen will not be delivered to the lab within 7 days, freeze serum samples at -20°C (-4°F).

### **For Molecular/PCR:**

#### Norovirus Testing

- Collect whole stool or Cary Blair medium as soon as possible.
- If specimens will be delivered to the lab within 72 hours, refrigerate at 4°C (39°F).
- If specimens will not be delivered to the lab within 72 hours, freeze at -20°C (-4°F).

Respiratory Specimens (Respiratory Virus Surveillance, Respiratory Pathogen Panel, MERS CoV, Influenza and SARS-CoV-2 RT-PCR Testing):

- Collect respiratory specimens aseptically as soon as possible after symptom onset or at autopsy.
- Refrigerate samples immediately and deliver to the PHEL as soon as possible.
- If delivery will be delayed, specimens should be frozen at -70°C.
- Respiratory Virus Surveillance specimens should be submitted from certified enhanced surveillance providers only.
- All providers may submit samples for influenza testing for subtype identification, or if a sample has been determined inconclusive or unsubtypeable.
- All providers may submit samples for Respiratory Pathogen Panel to aid in the identification of non-influenza respiratory viruses
- Suspect MERS specimens should be submitted only after consultation with CDS

**Package and Ship** all specimens according to USDOT Hazardous Materials Transport regulations 49 CFR parts 171-178. Package and ship all Category A infectious substances following USDOT 49 CFR 173.196. Package and ship all Category B infectious substances following the USDOT 49 CFR 173.199. Overnight deliveries are accepted Tuesday through Friday 8:30 am to 3:30 pm; except state holidays. Ground deliveries are accepted Monday through Friday 8:30 am to 3:30 pm; except state holidays. For further questions regarding packaging and shipping please contact PHEL Receiving at (609) 530-8387. Please find link to the state courier service here: <https://www.nj.gov/health/phe/>.

### **Ground deliveries should be made to:**

New Jersey Public Health and Environmental Laboratories Specimen Receiving Unit  
3 Schwarzkopf Drive  
Ewing, NJ 08628