



State of Washington
Department of Health
PUBLIC HEALTH LABORATORIES
1610 N.E. 150th Street
Shoreline, Washington 98155-9701
Phone: (206) 418-5400
Fax: (206) 418-5545
MTS #1327 CLIA #50D0661453
<http://www.doh.wa/phiforms>

FOR PHL USE ONLY

Lab Number

Date/Time Received

Please Print Clearly

SEROLOGY/VIROLOGY/HIV

PATIENT

SUBMITTER

EPIDEMIOLOGY

COMMENTS

NAME (LAST) _____
 _____ (FIRST) _____ (MI)
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 MALE FEMALE DATE OF BIRTH MO _____ DAY _____ YR _____ COUNTY _____
 CHART OR PATIENT ID NUMBER _____
 PHYSICIAN _____ PHYSICIAN'S PHONE # () - _____

NAME OF PERSON COMPLETING THIS FORM _____ PHONE # () - _____
 MAIL RESULTS TO: _____
 CITY, STATE, ZIP CODE: _____
 COUNTY _____
 AREA CODE & PHONE # () - _____ FAX # () - _____

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 _____ YR _____ TO _____ MO _____ DAY _____ YR _____
 _____ MO _____ DAY _____ YR _____ TO _____ MO _____ DAY _____ YR _____
 VACCINATION HISTORY _____

COMMENTS

ATTENTION: (See Instructions on Reverse Side of Form)
 SYPHILIS SEROLOGY VIRUS HIV
 SPECIFIC AGENT SUSPECTED: _____
 DATE COLLECTED MO _____ DAY _____ YR _____ TIME OF DAY _____ : _____ AM PM
 DATE OF ONSET MO _____ DAY _____ YR _____ TIME OF DAY _____ : _____ AM PM
 DATE SENT TO STATE MO _____ DAY _____ YR _____ FATAL? YES NO
 SUBMITTER'S LAB NUMBER: _____

TYPE OF SPECIMEN
 SERUM/BLOOD CSF NP/THR ORASURE
 OTHER (SPECIFY) _____

VIRUS EXAMINATIONS
 Chief Clinical Findings. (check system involved and list chief symptoms)
 Respiratory _____
 Central Nervous System _____
 Cutaneous Eruptions- Location and 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: ELISA WESTERN BLOT
 PREVIOUS HIV TEST DONE? YES NO DON'T KNOW DECLINED
 IF YES, TYPE OF TEST DONE: Conventional Rapid Other _____
 SAMPLE TYPE: Blood -Finger Stick Blood - Venipuncture Blood Spot
 Oral Mucosal Transudate Other _____
 RESULT: Positive Negative Preliminary Positive Indeterminant
 Don't Know Declined Not Asked

HAS A PREVIOUS SPECIMEN ON THIS PATIENT BEEN TESTED AT THE STATE LAB?
 YES NO STATE LAB NUMBER _____

FOR PHL USE ONLY
 Date/Time Reported: _____

SPECIMEN INFORMATION

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 at least two unique identifiers for positive identification.
- 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) and US Postal Service regulations. It is the shippers responsibility to ensure that packages being shipped meet these regulations. Copies of the regulations can be obtained by contacting the Postal Service at [Http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/e6-18062.htm](http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/e6-18062.htm)

Specimens mailed with insufficient postage will not be delivered by the Postal Service.

- This form replaces:

	Form Number
○ Virus Examinations	DOH 302-002A
Request for Antibodies to HIV	DOH 302-001
Syphilis Serology	DOH 302-606

- 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. Separate forms are available by calling (206) 418-5579. 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.

- Send Blood and Serum at refrigerator temperatures

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