VIROLOGY

[5] INFECTIOUS AGENT(S) SUSPECTED OR TEST(S) REQUIRED:
- Comprehensive Viral Culture
- Influenza
- HSV/VZV
- Mumps
- Other_________________________________________________


(a) ____________________________
(b) ____________________________
(c) ____________________________

[8] ONSET DATE: ____________________________
Instructions

PURPOSE: Submission of specimens for detection of viral infectious agents by viral culture and/or molecular diagnostics.

PREPARATION: Clearly label each specimen primary container with the patient's first and last name, either date of birth, patient number or other unique identifier, specimen source and collection date. Specimens without names or incorrectly labeled specimens will be deemed unsatisfactory for testing. Submit no more than three specimens per patient with each form. For additional information, see “SCOPE, A Guide to Services” on our website at http://slph.ncpublichealth.com or contact the Virology/Serology Unit at (919) 733-7544.

PREPARATION OF FORM: Please print legibly or use a preprinted label. To avoid delays in testing, fill out all items in Sections 1 through 11 of the submission form. Enclose submission form in a plastic bag to prevent contamination due to possible leakage.

SHIPMENT: Keep properly identified specimens cold BUT NOT FROZEN (cold packs and leak-proof Styrofoam container) and deliver to the Laboratory within 48 hours of collection. Specimens for CMV or RSV culture should be refrigerated immediately after collection and delivered to the Laboratory within 24 hours. Additional specimen collection and transport kits are available through the NCSLPH online supply ordering system on our website at http://slph.ncpublichealth.com

DISPOSITION: This form may be destroyed in accordance with Standard 5, Patient Clinical Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History.