Special Serology

[4] SPECIMEN(S) SUBMITTED:
- ☐ ACUTE SERUM
  within 7 days of onset
- ☐ CONVALESCENT SERUM
- ☐ CSF

[5] DATE COLLECTED:

[6] ONSET DATE:

[7] Dx Code/ICD-9:

PATIENT SIGNS AND SYMPTOMS

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

RASH
- ☐ Macular
- ☐ Vescicular
- ☐ Petechial
- ☐ 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

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

Arboviral Panel (Eastern Equine Encephalitis, Western Equine Encephalitis, St. Louis Encephalitis, La Crosse Encephalitis and West Nile)

Rickettsia Panel (Rickettsia rickettsii, Rickettsia typhi, Ehrlichia species)

Exanthems:
- ☐ Measles, Rubella
- ☐ Varicella Zoster
- ☐ Mumps

Single Agent Diagnostic Tests:
- ☐ Q-fever
- ☐ Treponema pallidum confirmatory serology
- ☐ Other:

Prior approval/consultation received from:

Please forward specimen to CDC for testing. (Attach a completed CDC 50.34 DASH form.)

FOR LABORATORY USE ONLY

Unsatisfactory Specimen:
- ☐ No name on specimen
- ☐ Name on specimen/form do not match
- ☐ Specimen broken/leaked
- ☐ No specimen received
- ☐ Other:

Comments:

DHHS 3445 (Revised 08/13)
Laboratory (Review 08/16)
INSTRUCTIONS

PURPOSE: Submission of specimens for Special Serological testing

PREPARATION: Submit at least 2 mL of serum in a plastic screw-capped vial. Clearly label each specimen with the patient’s first and last name, either date of birth, patient number or other unique identifier, type of specimen if not serum and collection date. Acute sera should be held frozen and submitted to the Laboratory at a later date along with the convalescent serum. CSF will only be tested if accompanied by a companion serum collected at the same time. Specimens without names or incorrectly labeled specimens will be deemed unsatisfactory for testing. 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 9 of the submission form. If sample is to be forwarded to CDC for testing, also complete and submit a CDC 50.34 DASH form. Prior approval must be obtained before submitting specimens for measles, rubella IgM, varicella zoster and mumps by calling the Communicable Disease Branch at (919) 733-3419; indicate on request form that such approval was received.

SHIPMENT: Send properly identified specimen and completed submission form to the Laboratory as soon as possible. Additional serum transport tubes and blue-label specimen mailers for Special Serology 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.

Exanthems Specimen Acceptance Policy:

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 only who lack a clear history of varicella zoster infection or whose immune status is unknown and have been exposed to a known case of VZV. In cases in which testing is appropriate and results are urgently needed, the submitter must contact the Women’s Health Nurse Consultant or Maternal Health Nurse Consultant to arrange for testing at the State Laboratory. The Consultant will then contact either the Virology/Serology Unit Supervisor or the Special Serology Laboratory Supervisor at (919) 733-7544 so that testing can be scheduled for timely results, preferably during normal business hours. Provide a contact name and telephone number for the person who is to receive the test result.

3. Immune status testing for measles is available for clients when vaccination is contraindicated (e.g., pregnancy, immunosuppression or allergy to vaccine components). Reason for contraindication must be noted on the test request.