



Alaska State Virology Laboratory

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Fairbanks Lab Request Form v09/27/17

This Space is for Alaska State Virology Lab Use Only

Patient Information: Preprinted Labels are Recommended				Submitter Information - Report Results to:				
Non-Human Sample		Two unique patient identifiers are required on the specimen and the requisition. Please print clearly.		Facility Name (Hospital/Clinic/etc.)		ICD10 Code		
Patient ID (Chart#, MR#)		Collection Date		Time am pm		Provider Name		
Last Name		First Name		MI		Mailing Address		
Date of Birth		Gender		Other Patient/Sample ID		City		
Date of Death		Medicaid/Medicare #		City/Village		State		
						Zip Code		
						Project Code		
Respiratory Viruses (in Universal Transport Media)			For all serum submissions, please indicate the following:			Epidemiological Investigations		
Specimen Type Influenza & RSV (Respiratory Syncytial Virus) PCR Surveillance Program <i>Influenza Rapid Kit</i> <i>Influenza Rapid Result</i> <i>RSV Rapid Kit</i> <i>RSV Rapid Result</i> <i>Patient Status</i> <i>Influenza Vaccine?</i> Respiratory Pathogen Panel (RPP) RSV (A&B), adenovirus, rhinovirus/enterovirus, human metapneumovirus, parainfluenza (1,2,3,4), coronavirus (NL63, OC43, HKU1, 229E), human bocavirus, <i>Chlamydomphila pneumoniae</i> , <i>Mycoplasma pneumoniae</i> . Fees may apply.			Date Frozen <small>(Freeze, if possible)</small> Date Shipped			If a novel strain of influenza, norovirus, or a vaccine preventable disease: symptomatic measles, mumps, rubella, varicella zoster (chicken pox or shingles) is suspected, consult the Section of Epidemiology before shipping specimens to the laboratory: 907-260-8000 or 1-800-478-0084. <i>Name of Epi Contact:</i>		
			HIV (Serum)					
			HIV - 4th generation Antigen/Antibody Screen <i>HIV Rapid Kit</i> <i>HIV Rapid Result</i>			Norovirus		
			Viral Hepatitis (Serum)			Norovirus PCR <i>Specimen Type</i>		
			Hepatitis A - Screen <small>Total Antibody</small> Hepatitis A: Symptomatic <small>IgM antibody only</small>			Vaccine Preventable Disease		
			Hepatitis B: Screen <small>Core antibody</small> Hepatitis B: Immunization check <small>Core antibody, surface antibody</small> Hepatitis B: Prenatal <small>Core antibody, surface antigen</small> Hepatitis B: Symptomatic, Exposures <small>Core antibody, surface antibody, surface antigen</small> Hepatitis B: Perinatal - less than 2yo <small>Surface antibody, surface antigen</small>			Rash or Parotitis Onset Date Vaccination Status Rubella virus PCR <i>Specimen Type</i> Mumps virus PCR <i>Specimen Type</i> Measles (Rubeola) virus PCR <i>Specimen 1</i> <i>Specimen 2 (optional)</i> Varicella Zoster virus PCR (chickenpox or shingles) <i>Specimen Type</i>		
			Herpes Simplex Virus Types I/ II			Immunization Status (Serum)		
			Serology (serum* for antibody testing) <small>*Please indicate date frozen and date shipped at top of next column.</small> PCR (Universal Transport Media + swab) Fees may apply. <i>Swab Site</i>			Mumps virus IgG antibody Measles (Rubeola) virus IgG antibody Rubella virus IgG antibody Varicella Zoster virus IgG antibody		
			Miscellaneous Testing			Please refer to our Test Directory: http://dhss.alaska.gov/dph/Labs/Documents/LaboratoryTests.pdf If the desired test is not on this form, please review the Anchorage Public Health Lab Request Form: http://dhss.alaska.gov/dph/Labs/Documents/publications/AncSupplyReq.pdf		
			Specimen Type: Comments:					