



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 | | | Hepatitis C: Screen <small>Total antibody, positives reflex to genotyping</small> Hepatitis C: Genotyping <small>Known HCV+ patient only</small> | | | | | |
| | | | 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> | | | Immunization Status (Serum) | | | | | |
| | | | Miscellaneous Testing | | | Mumps virus IgG antibody Measles (Rubeola) virus IgG antibody Rubella virus IgG antibody Varicella Zoster virus IgG antibody | | | | | |
| | | | Specimen Type: Comments: | | | | | | | | |
| 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 | | | | | | | | | | | |