



**Alaska State Virology Laboratory**

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**Fairbanks Lab Request Form v02/13/2020**

*This Space is for Alaska State Virology Lab Use Only*

<b>Patient Information:</b> Preprinted Labels are Recommended				<b>Submitter Information - Report Results to:</b>					
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		Phone Number	
Last Name			First Name		MI	Mailing Address			Fax Number
Date of Birth		Gender	Other Patient/Sample ID			City		State	Zip Code
Date of Death	Medicaid/Medicare #			City/Village					Project Code

<b>Respiratory Viruses</b> (in Universal Transport Media)		<b>For all serum submissions, please indicate the following:</b>		<b>Epidemiological Investigations</b>	
<b>Specimen Type</b>  <b>Influenza &amp; RSV</b> (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>Influenza Vaccine?</i>  <i>Patient Status</i> <small>inpatient, outpatient, pregnant, long-term care, etc.</small>  <b>Respiratory Pathogen Panel (RPP)</b> <small>RSV (A&amp;B), adenovirus, rhinovirus/enterovirus, human metapneumovirus, parainfluenza (1,2,3,4), coronavirus (NL63, OC43, HKU1, 229E), human bocavirus, Chlamydia pneumoniae, Mycoplasma pneumoniae. Fees may apply.</small>		<b>Date Frozen</b> <small>(Freeze, if possible)</small>  <b>Date Shipped</b>		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: 907-269-8000 or 1-800-478-0084.  <i>Name of Epi Contact:</i>	
		<b>HIV (Serum)</b>			
		<b>HIV - Antigen/Antibody Screen</b> <small>Positives reflex to additional testing</small>  <i>HIV Rapid Kit</i>  <i>HIV Rapid Result</i>			
		<b>Viral Hepatitis (Serum)</b>			
<b>Herpes Simplex Virus Types I/ II</b>  <b>Serology</b> (serum* for antibody testing) <small>*Please indicate date frozen and date shipped at top of next column.</small>  <b>PCR</b> (Universal Transport Media + swab) <b>Fees may apply.</b>  <i>Swab Site</i>		<b>Hepatitis A - Screen</b> <small>Total Antibody</small>  <b>Hepatitis A: Symptomatic</b> <small>Total antibody and IgM antibody</small>		<b>Norovirus</b>  Norovirus PCR  <i>Specimen Type</i>	
		<b>Hepatitis B: Screen</b> <small>Core antibody</small>  <b>Hepatitis B: Immunization check</b> <small>Core antibody, surface antibody</small>  <b>Hepatitis B: Prenatal</b> <small>Core antibody, surface antigen</small>		<b>Vaccine Preventable Disease</b>  <b>Rash or Parotitis Onset Date</b>  <b>Vaccination Status</b>  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>	
		<b>Hepatitis B: Symptomatic, Exposures</b> <small>Core antibody, surface antibody, surface antigen</small>  <b>Hepatitis B: Perinatal - less than 2yo</b> <small>Surface antibody, surface antigen</small>  <b>Hepatitis C: Screen</b> <small>Total antibody, positives reflex to genotyping</small>			
		<b>Immunization Status (Serum)</b>			
<b>Miscellaneous Testing</b>		<b>Mumps virus IgG antibody</b>  <b>Measles (Rubeola) virus IgG antibody</b>  <b>Rubella virus IgG antibody</b>  <b>Varicella Zoster virus IgG antibody</b>			

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>