

VIROLOGY

N.C. Department of Health and Human Services
 State Laboratory of Public Health
 4312 District Drive • P.O. Box 28047
 Raleigh, NC 27611-8047

Lab Use Only	<input type="checkbox"/> Acceptance Criteria Not Met
	<input type="checkbox"/> Inappropriate temperature
	<input type="checkbox"/> Specimen too old
	<input type="checkbox"/> Incomplete labeling/form
	<input type="checkbox"/> Specimen inappropriate/damaged
Date: ___/___/___ Initials: _____	

Please Give All Information Requested

Attach Printed Label Below

Patient Information	Last Name			
	First Name	MI		
	Maiden Name/Surname			
	Address/Attention:			
	Street Address:		Address 2:	City:
	State:	Zip Code:	County Code:	County Name:
	Insurance ID Number: (if applicable)		Medicaid Number (if applicable):	
	Medical Record Number:		Date of Birth: ___/___/___	If Female, Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Transgender M2F <input type="checkbox"/> Female <input type="checkbox"/> Transgender F2M <input type="checkbox"/> Unknown <input type="checkbox"/> Transgender Unknown <input type="checkbox"/> Ambiguous		Race (mark all that apply): <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/ <input type="checkbox"/> Asian Pacific Isles <input type="checkbox"/> Unknown	
	Ethnicity: <input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			
Clinic/Program Type: <input type="checkbox"/> Prenatal <input type="checkbox"/> Family Planning <input type="checkbox"/> Other (specify): _____				
Submitter	EIN: _____		Submitter Name:	
	Address:		Address 2:	City:
	State:		Zip Code:	County Name:
	Phone Number:		Email Address:	Fax Number:
	Ordering Provider NPI:		Ordering Provider First and Last Name:	
Specimen	Specimen source(s):	Collection Date(s) and Times(s):	Collector's Initials	Laboratory Number(s): <i>Do Not Write in this Space</i>
	(a)	___/___/___ :___:___ 24 Hr Time		
	(b)	___/___/___ :___:___ 24 Hr Time		
	(c)	___/___/___ :___:___ 24 Hr Time		
	(d)	___/___/___ :___:___ 24 Hr Time		
	Onset Date: ___/___/___	NC PUI Number: _____		Reason for Testing (ICD-10 Dx Code): _____
Infectious Agent(s) Suspected or Test(s) Requested: <i>(Check one or more boxes, as needed)</i>				
<input type="checkbox"/> Comprehensive Viral Culture <input type="checkbox"/> Mumps <input type="checkbox"/> HSV/VZV <input type="checkbox"/> Influenza <input type="checkbox"/> Measles <input type="checkbox"/> Other (specify) _____				

Other Patient Information

Patient Signs and Symptoms: (Check all that apply)

Genital

- Vesicles
- PID
- Cervicitis
- Urethritis
- Hysterectomy
- Mucopurulent Discharge
- Atypical Lesion

General

- Fever to _____ °F
- Headache
- Fatigue
- Sore Throat
- Jaundice
- Conjunctivitis
- Arthralgia/Myalgia
- Nausea/Vomiting
- Diarrhea

Rash

- Macular
- Papular
- Vesicular
- Petechial
- Focal
- Hemorrhagic

Respiratory

- Cough
- Pneumonia
- Bronchitis
- Croup
- Pharyngitis

GNC

- Seizures
- Meningitis
- Encephalitis
- Nuchal rigidity
- Paralysis

Cardiovascular

- Chest Pain
- Pericarditis
- Myocarditis
- Pleurodynia

If pregnant, due date: _____ / _____ / _____

Patient Expired? Yes Date: _____ / _____ / _____

Recent Vaccination History:

Travel History:
Area(s): _____

Dates: _____

For Laboratory Use Only

Temperature on Arrival: Frozen Cold Ambient

Date received: _____ / _____ / _____

Comments:

- Four or more days between collection and receipt of specimen
- Specimen broken or leaked in transit
- Specimen received ambient
- Other _____

Unsatisfactory Specimen:

- No name on specimen
- Name on specimen/form do not match
- Specimen broken/leaked
- Collected in incorrect transport media
- Other _____

Interpretation:

- Negative: No virus detected
- Virus identified by molecular assay _____
- Virus identified by culture _____

Results Telephoned:

To: _____

Date/Time: _____

By: _____