MARYLAND
Department of Health

Laboratories Administration

1770 Ashland Ave
Baltimore, Maryland 21205

Robert A. Myers, Ph.D., Director

FEBRILE RASH (Low and Moderate Risk)

Health Care Provider	
Address	
City	County
State	Zip Code
Contact Name	
Phone#	Fax#
Test Request Authorized by:	

TYPE OR PRINT

Patient's SS# (last 4 digits) _____ Case#

Patient _____ Lab No. _____
Last Name First Middle

Date of Birth __/_____/____. Sex M ☐ F ☐

Address _____

City _____ County _____ State_____ Zip_____

Risk Category: Low Risk Moderate Risk

For **Low Risk** and **Moderate Risk** testing, collect the following specimens:

REMEMBER TO PLACE ONLY ONE LESION PER TUBE

tube id	***collection device***	***specimen type needed***	***body site of collection (arm, chest, face, etc.)***	***description of site (vesicle, pustule, etc.)***
1	tube with transport media	swab of base of lesion		
2		swab of base of lesion		
3	long tube with swab and no liquid	swab of base of lesion		
4		swab of base of lesion		
5	small empty tube with O ring seal	crusUscab of lesion		
6		crusUscab of lesion		
7		crusUscab of lesion		
8		crusUscab of lesion		

Presumptive Clinical Diagnosis: Chickenpox Herpesvirus Smallpox

Smallpox vaccine (Vaccinia) Other: _____
(specify)

Date of Onset: _____/_____/_____
(Month / Day / Year)

Date Specimen Collected_____ Reported _____