STATE LAB Use Only

## **Laboratories Administration MDH** 1770 Ashland Ave • Baltimore, MD 21205 443-681-3800 http://health.maryland.gov/laboratories/ Robert A. Myers, Ph.D., Director



## SEROLOGICAL TESTING

Section   Sect		□EH □FP □MTY/PN □	NOD □STD	□ TB □ CD □ COR	Patient SS # (last 4 digits):		
### Address   Care Provider							☐ JR ☐ Other:
Collar Contact Name	N N				First Name	M.I.	Patient first & last
Date       Patient travel   Patent		City information		n(this is where	Date of Birth (mm/dd/yyyy)		
Date       Patient travel   Patent	RM O PM	State reports wil					
Date       Patient travel   Patent	E 유	Contact Name: Include the		name of			
Date       Patient travel   Patent	N N N	Phone # Healthcare					
Date       Patient travel   Patent	IN E	Toot Poquest Authorized by			State Exp Gode Control of the Contro		
Date       Patient travel   Patent	000			quest Authorized		and office Origin? DVos. DM	
Date       Patient travel   Patent	<b>密</b>		by" box.				
Date       Patient travel   Patent							
Date       Patient travel   Patent	A S		DOC				
Date       Patient travel   Patent	유립	Date Collected: Colle	ection date 8	Q Unset		. *Vaccination History	
Date       Patient travel   Patent	元 R			D.1. 1 1 1 1		st 🗆 2 <sup>nd</sup> 🗖 3 <sup>rd</sup> State Lab Number:	
## SPECIMEN SOURCE CODE	7			*/	te / / 🗆 1	st 2nd 3rd State Lab N	lumber:
Arbovirus Panels (Serum or CSF)							
Arbovirus Panels (Serum or CSF)  Mandatory: Onset Dete, Collection Date and Travel History Arbovirus Candenic Panel (WN, EEF, SLE, LAC)  Arbovirus Candenic Panel (WN, EEF, SLE, LAC)  Arbovirus Gravel Associated Panel  (Chikungunya, Dengue, Zika)  Based on information provided PCR and Immunological assays will be performed.  Legionelia  Leg			Exposure L			·	
Mandatory: Ones Date, Collection Date and Travel History   Prenate patient?   "Yes   No   Hemoglobin Disorders   Notice of the patient of t	<b>↓</b> SPECIMEN SOURCE CODE			◆ SPECIMEN SOURCE CODE			
Arbovirus Endemic Panel (WNV, EEE, SLE, LAC)   "*!spatilis B Panel; (HBsAb)   Place   No   Arbovirus Travel-Associated Panel)   "*!spatilis B post vaccine (HBsAb)   Place   No   Prenatal Screen?   Yes   No   No   Prenatal Screen   Yes   No   No   Prenatal Screen   Yes   No   No   Prenatal Screen   Yes   No   No   No   Prenatal Screen   Yes   No   No   No   Prenatal Screen   Yes   No   No   Prenatal Screen   Yes   No   No   No   No   No   No   No   N							
Arbovirus Travel-Associated Panel				The state of the s			
Chikungunya, Dengue, Zika)   Hepatitis C screen (HCV Ab only)   Father of Baby Screen?   Yes   No   Herpes Simplex Virus (HSV) types 182   Legionella   Legione							
Based on information provided PCR and Immunological assays will be performed.    Herpes Simplex Virus (HSV) types 1&2   Legionella   Leptospira	The state of the s						
Legionella   Leg						rather of Baby Screen? Light Yes Light No	
Leptospira   Leptospira   Leptospira   Lyme Disease   Lyme Disea	· ·				irus (mov) typės 182		
Required information, check all that apply: DIAGNOSIS:   Aseptic Meningitis   "MMRV Immunity Screen; [Measles (Rubeola)   Mumps, Rubella, Varicella, (Chickenpox)   IgG Ab only   SYMPTOMS:   Headache   Fever   Stiff   Muscle   Mumps, Rubella, Varicella, (Chickenpox)   IgG Ab only   SYMPTOMS:   Headache   Fever   Stiff   Muscle   Muscle	immunological assays will be performed.					a millor.	
DIÁGNOSIS:  Aseptic Meningitis	Required information, check all that apply:						-
Encephalitis   Other   Mumps, Rubella, Varicella, (Chickenpox)   IgG Ab only)   RESTRICTED TEST   Neck   Altered Mental State   Muscle   Mononucleosis - Infectious   RESTRICTED TEST   Pre-approved submitters Only   Submit a separate specimen for HIV   Number   N						Name of Mother of "at risk" baby:	
SymPtoMs:   Headache   Fever   Stiff   Mononucleosis - Infectious   RESTRICTED TEST   Pre-approved submitters Only   Submit a separate specimen for HIV   Sub							
Neck   Altered Mental State   Muscle   Weakness   Rash   Other:   (locations and dates), symptoms, vaccination history and immune status MUST be included   y Screen   symptoms, vaccination history and immune status MUST be included   y Screen   symptoms, vaccination history and immune status MUST be included   y Screen   symptoms, vaccination dates above)   HIV   y Screen   Stronglyoides   Stronglyoides   Stronglyoides   Stronglyoides   Stronglyoides   Syphllis – Previously treated?   Yes   No   Toxoplasma   Date:							
Weakness   Rash   Other:   (locations and dates), symptoms, vaccination history and immune status MUST be included.   Screen   Stronglyoides   Syphilis - Previously treated?   Yes   No   No   Flavivirus?   Yes   No   Toxoplasma   Varicella Immunity Screen   Specimen stored refrigerated (2-after collection:   Yes   Mo   Toxoplasma   Add'l Specimen Codes   Specimen transported on Cold Path Chlamydia (group antigen IgG)   Colient   Cydnogalovirus (CMV)   Cydnogalovirus (CMV)   Call Lab (443-681-3889) prior to submitting   Client	SYMPTOMS: ☐ Headache ☐ Fever ☐ Stiff			Mononucleosis – Infectious			
Country of Origin:   Country	ratient			t travel history y Screen			
Country of Origin:   Section   Status MUST be included.   Screen   Stronglyoides   Stronglyoides   Stronglyoides   Syphilis – Previously treated?   Yes   No   Date:     Indicate S for SST,   Serum aliquot, or whole clotted blook   Specimen transported on Cold Palabesia microti   Chagas disease   Chamydia (group antigen IgG)   Cytomegalovirus (CMV)   Ehrlichia   Cytomegalovirus (CMV)   Ehrlichia   Chapas tissen (IgM Ab only, acute infection)   Call Lab (443-681-3889) prior to submitting   Client   Client   Client   Country of Origin:   Country of O				ons and dates).			
TRAVEL HISTORY (Dates and Places)    Status MUST be included.	sympto			UIIS. Vaccillation			
Schistosoma   Stronglyoides   Syphilis - Previously treated?   Yes   No   No   Flavivirus?   Yes   No   No   Varicella Immunity Screen   VDRL (CSF only)   Specimen stored refrigerated (2 - after collection:   Yes   Specimen transported on Cold Pa   Specimen transported on Col	Illstory			and infinite		HIV	
Schistosoma   Stronglyoides   Syphilis - Previously treated?   Yes   No   Toxoplasma   Specimen stored refrigerated (2   Indicate S for SST, serum aliquot, or whole clotted bloo   Specimen transported on Cold Pa   Specimen transported on Cold	TDAV	ITL HICTORY (Dates and Blaces)	status	IVII IST DE INCILIDED E		- Country of Origin:	
Stronglyoides   Syphllis - Previously treated?   Yes   No   No   Toxoplasma   Date:   J   Indicate S for SST, serum aliquot, or whole clotted bloo   Specimen transported on Cold Pa   Specimen transported on C	TRAV	EL HISTORY (Dates and Places)	<u> </u>			Country of Origin.	
Syphilis - Previously treated?   Yes   No   Toxoplasma   Date:   J   J   J							
MMUNIZATIONS  Yellow fever?   Yes   No							
Flavivirus?	Flavivirus? ☐ Yes ☐ No						
IMMUNOCOMPROMISED?   Yes   No   CDC/Other Test(s)   after collection:   Yes   after collection:   Yes   whole clotted bloo   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (443-681-3889) prior to submitting   Client   CDC/Other Test(s)   Add'l Specimen Codes   Add'l Specimen Codes   Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add'l Specimen Codes   Specimen transported on Cold Paramytic (red-top)   Ufor urine (leak profile unine cup), Local Lab (Add							
IMMUNOCOMPROMISED?   Yes   No   CDC/Other Test(s)   Add'l Specimen Codes   Specimen transported on Cold Pa (red-top)   U for urine (leak province of the container)   Secum aliquot, or whole clotted blook (red-top)   U for urine (leak province of the container)   U for urine (leak province of the container)   Secum aliquot, or whole clotted blook (red-top)   U for urine (leak province of the container)   U for urine (leak province of the container)   Secum aliquot, or whole clotted blook (red-top)   U for urine (leak province of the container)   U for urine (leak province of the cont						Specimen stored refrigerated (	
Add'l Specimen Codes						1 ·	serum aliquot, or
Babesia microti Chagas disease Prior arrangements have been made with the following MDH Lab Administration employee: Coxiella burnetii (Q Fever) Cryptococca (antigen) Cytomegalovirus (CMV) Ehrlichia Epstein-Barr Virus (EBV) Hepatitis A Screen (IgM Ab only, acute infection) Call Lab (443-681-3889) prior to submitting  Prior arrangements have been made with the following MDH Lab Administration employee:  Place CODE IN BOX NEXT TO B Blood (5 ml) UNSPUN (purple to CSF Cerebrospinal Fluid L Lavender Top Tube Fluid (leak proof stereon to container).  S Serum (1 ml per test) U Urine  Unine  Client  Coxiella burnetii (Q Fever)  CSF Cerebrospinal Fluid L Lavender Top Tube Fluid (leak proof stereon to container).  Unine  Container).  *Urine, CSF, and whole blood must submitted with an accompanying server.							•
Babesia microti Chagas disease Prior arrangements have been made with the following MDH Lab Administration employee: Coxiella burnetii (Q Fever) Cryptococca (antigen) Cytomegalovirus (CMV) Ehrlichia Epstein-Barr Virus (EBV) Hepatitis A Screen (IgM Ab only, acute infection) Call Lab (443-681-3889) prior to submitting  Prior arrangements have been made with the following MDH Lab Administration employee:  Place CODE IN BOX NEXT TO B Blood (5 ml) UNSPUN (purple to CSF Cerebrospinal Fluid L Lavender Top Tube Fluid (leak proof stereon to container).  S Serum (1 ml per test) U Urine  Unine  Client  Coxiella burnetii (Q Fever)  CSF Cerebrospinal Fluid L Lavender Top Tube Fluid (leak proof stereon to container).  Unine  Container).  *Urine, CSF, and whole blood must submitted with an accompanying server.						Specimen transported on Cold	red-top)
Coxiella burnetii (Q Fever) Cryptococca (antigen) Cytomegalovirus (CMV) Ehrlichia Epstein-Barr Virus (EBV) Hepatitis A Screen (IgM Ab only, acute infection) Call Lab (443-681-3889) prior to submitting  Character following MDH Lab Administration employee:  B Blood (5 ml) CSF Cerebrospinal Fluid L Lavender Top Tube P Plasma S Serum (1 ml per test) U Urine  Whole unclotted blood CSF for cerebrospinal Fluid L Lavender Top Tube P Plasma S Serum (1 ml per test) U Urine  Whole blood must submitted with an accompanying serum.	В	abesia microti					
Coxiella burnetii (Q Fever) Cryptococca (antigen) Cytomegalovirus (CMV) Ehrlichia Epstein-Barr Virus (EBV) Hepatitis A Screen (IgM Ab only, acute infection) Call Lab (443-681-3889) prior to submitting  Cytomegalovirus (CMV)  *Please Note Vaccination History Above  *Please Note Vaccination History Above Unspect Cocceptrospiral Fluid L Lavender Top Tube P Plasma S Serum (1 ml per test) U Urine  *Urine, CSF, and whole blood must submitted with an accompanying serum.  *Client  *CSF Cerebrospinal Fluid L Lavender Top Tube P Plasma S Serum (1 ml per test) U Urine  *Urine, CSF, and whole blood must submitted with an accompanying serum.				, and the second			
Cryptococca (antigen) Cytomegalovirus (CMV) Ehrlichia Epstein-Barr Virus (EBV) Hepatitis A Screen (IgM Ab only, acute infection) Call Lab (443-681-3889) prior to submitting  CSF Cerebrospinal Fluid L Lavender Top Tube Fluid (leak proof steron flu							
Cytomegalovirus (CMV)  Ehrlichia  Epstein-Barr Virus (EBV)  Hepatitis A Screen (IgM Ab only, acute infection) Call Lab (443-681-3889) prior to submitting  CH 4677 Revised 05/17  Lavender Top Tube P Plasma Serum (1 ml per test) U Urine  fluid (leak proof stern container). *Urine, CSF, and whole blood must submitted with an accompanying serum.							
Ehrlichia *Please Note Vaccination History Above Serum (1 ml per test) Urine *Urine, CSF, and whole blood must submitted with an accompanying serum.				*Please Note Vaccination History Above		· •	
Epstein-Barr Virus (EBV)  Hepatitis A Screen (IgM Ab only, acute infection) Call Lab (443-681-3889) prior to submitting  DH 4677 Revised 05/17  S Serum (1 ml per test) *Urine, CSF, and whole blood must submitted with an accompanying serum.						P Plasma container).	
Hepatitis A Screen (IgM Ab only, acute infection) Call Lab (443-681-3889) prior to submitting  Client  U Urine whole blood must submitted with an accompanying servent accompanyi							
Call Lab (443-681-3889) prior to submitting submitted with an accompanying serv			cute infection)	-		' '	Office, CSI, and
DH 4677 Revised 05/17 Client accompanying serv		1000	(37)			G Offic	
accompanying serv			actioning.	Clier	nt		
	DH 4677	Kevised U5/1/					accompanying seru specimen.