State of Washington
Department of Health
PUBLIC HEALTH LABORATORIES
1610 N.E. 150th Street
Shoreline, Washington 98155-9701
Phone: (206) 418-5400
Fax: (206) 364-0072
MTS #1327  CLIA #50D0661453

SEROLOGY/VIROLOGY/HIV

Please Print Clearly

### PATIENT

<table>
<thead>
<tr>
<th>NAME (LAST)</th>
<th>(FIRST)</th>
<th>(MI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>CHART OR PATIENT ID #</td>
<td>SUBMITTER’S SPECIMEN #</td>
<td></td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td>PHYSICIAN’S PHONE #</td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>NAME OF PERSON COMPLETING THIS FORM</td>
<td>PHONE #</td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>

### SUBMITTER

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>AREA CODE &amp; PHONE #</td>
<td>FAX #</td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td>-</td>
</tr>
</tbody>
</table>

### SPECIMEN INFORMATION

<table>
<thead>
<tr>
<th>SPECIMEN IS FROM</th>
<th>SUSPECTED SOURCE OF INFECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINGLE CASE</td>
<td>CONTACT</td>
</tr>
</tbody>
</table>

### EPIDEMIOLOGY

<table>
<thead>
<tr>
<th>TRAVEL HISTORY (CONTINUE TRAVEL HISTORY IN COMMENTS, IF NECESSARY)</th>
<th>VACCINATION HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOREIGN</td>
<td>USA</td>
</tr>
</tbody>
</table>

### COMMENTS

FOR PHL USE ONLY

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**ATTENTION:** (See Instructions on Reverse Side of Form)

- SYphilis SeroLOGY
- Virus
- HIV

**SPECIFIC AGENT SUSPECTED/TEST REQUESTED:**

<table>
<thead>
<tr>
<th>DATE COLLECTED</th>
<th>MO</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF ONSET</td>
<td>MO</td>
<td>DAY</td>
<td>YEAR</td>
</tr>
<tr>
<td>DATE SENT TO STATE</td>
<td>MO</td>
<td>DAY</td>
<td>YEAR</td>
</tr>
<tr>
<td>FATAL?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF SPECIMEN**

- SERUM/BLOOD
- CSF
- NP/THR
- BUCCAL
- URINE
- OTHER (SPECIFY) ________________

**VIRUS EXAMINATIONS**

Chief Clinical Findings (check system involved and list chief symptoms)

- Respiratory ___________________________________________________________
- Central Nervous System _________________________________________________
- Cutaneous Eruptions - Locations & Type _________________________________
- Other ________________________________________________________________

Optimally, collect isolation specimen within 3 days of onset. Submit each specimen as soon as collected. Keep at refrigerator temperatures. 24-hour delivery is preferred.

**SYphilis SeroLOGY**

- Diagnostic: [Syphilis Status Unknown; EIA Screen, if reactive, RPR to confirm; reflexive TP-PA performed on EIA reactive/RPR non-reactive]
- Reference: [Reactive syphilis specimens submitted to PHL for confirmatory testing; EIA and RPR only]

Previous Syphilis Test Result:

- (Please list any previous test result and titer if applicable)

- VDRL ________ RPR ________
- TP-PA ________ EIA/CIA ________ OTHER ________

- CSF [VDRL only]

**HIV**

**TYPE OF TEST REQUESTED:**

- EIA
- HIV 1/2 Differentiation

**PREVIOUS HIV TEST DONE?**

- YES
- NO
- DON'T KNOW
- DECLINED

**IF YES, TYPE OF TEST DONE:**

- Conventional
- Rapid
- Other ________

RESULT:

- Positive
- Negative
- Preliminary Positive
- Indeterminant
- Don't know
GENERAL INSTRUCTIONS:

- PLEASE PRINT LEGIBLY.
- Please fill out the requisition form COMPLETELY. Delays in processing the specimen or reporting results may occur if information is incomplete.
- Each specimen submitted to the Public Health Laboratories (PHL) must be clearly marked with two matching identifiers to identifiers filled on this form.
- Each specimen submitted to the PHL must have its own requisition form.
- Place requisition form in the OUTER pouch of Biohazard Ziploc bag. ONLY one specimen per bag.
- Send specimens to the PHL as soon as possible to help ensure valid test results.
- All specimens being shipped must meet DOT (Department of Transportation), IATA, OSHA and US Postal Service regulations for Category B Biological Substances. It is the shipper’s responsibility to ensure that packages being shipped meet these regulations.
- Specimens mailed with insufficient postage will not be delivered by the Postal Service.
- This form replaces: Form Number
  Serology/Virology/HIV DOH 302-017(04/2012)
- Do NOT use this form for any requests other than for the HIV, Serology and Virology laboratories. Do NOT use this form to submit specimens for Rabies. Using the incorrect form may delay processing of the specimen.
- To obtain additional requisition forms or collection kits, please contact the PHL Mail Room at (206) 418-5579 or see the link below.
- Please see http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu for sample specific submission condition requirements. FAILURE TO PROPERLY TRANSPORT SPECIMENS MAY RESULT IN SPECIMEN REJECTION.