

Patient Information		Submitter Information	
Name (Last, First):		(Your Institution's WSLH Agency Number If Known) <b>7071416</b>	
Address:		(Your Institution's Name) <b>WEST VIRGINIA OFFICE OF LAB SERVICES</b>	
City:	State:	Zip:	(Your Institution's Address) <b>167 11TH AVE</b>
Date of Birth:	Gender: M F	(City, State, Zip Code) <b>SOUTH CHARLESTON, WV 25303-1114</b>	
Your Patient ID Number (optional):		Lab Point of Contact: <b>Christi Clark</b>	Telephone Number: <b>304-558-3530 x2602</b>
Your Specimen ID Number (required):		<i>WSLH Use Only</i> Study: CDC VPD	<i>WSLH Use Only</i> : Bill To: (WSLH Account # )
<b>Date Collected:</b> _____	<b>Specimen Type:</b>		
<b>Time Collected:</b> _____	<input type="checkbox"/> Other _____ <input type="checkbox"/> Combined Throat/NP Swab <input type="checkbox"/> BAL <input type="checkbox"/> Skin Swab (site: _____) <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> CSF <input type="checkbox"/> Acute Serum <input type="checkbox"/> Throat Swab <input type="checkbox"/> Scab <input type="checkbox"/> Convalescent Serum <input type="checkbox"/> Buccal Swab <input type="checkbox"/> Stool-raw <input type="checkbox"/> Whole Blood (EDTA) <input type="checkbox"/> Nasopharyngeal Aspirate <input type="checkbox"/> Urine <input type="checkbox"/> Isolate: (Source _____)		
<b>Date Shipped:</b> _____			
<b>Date of Symptom Onset:</b>		<b>Date of Rash Onset:</b>	
<b>Antibiotic Treatment</b> (if administered prior to specimen collection):			
<b>Cough Duration</b> (for pertussis specimens only):			
<b>Vaccination History:</b> Was patient vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>If Yes, Date of Last Vaccination:</b> /    /			
<b>Vaccine Type:</b>	<input type="checkbox"/> MMR	<input type="checkbox"/> Varicella	<input type="checkbox"/> DTap
	<input type="checkbox"/> MMRV	<input type="checkbox"/> Rota	<input type="checkbox"/> Tdap
		<input type="checkbox"/> PCV13	<input type="checkbox"/> MPSV4
		<input type="checkbox"/> PPSV23	<input type="checkbox"/> Hib
		<input type="checkbox"/> MCV4	
<b>Submitter Lab Results:</b>			
<b>Test</b>	<b>Results</b>		
Culture/Identification	_____		
PCR	_____		
Serology IgM	_____		
Serology IgG	_____		
<b>Test Order:</b>			
<input type="checkbox"/> SS02171 Measles IgM Serology	<input type="checkbox"/> SS02275 B. pertussis anti PT IgG Antibody		
<input type="checkbox"/> VR01713 Measles virus PCR	<input type="checkbox"/> MP00315 Bordetella spp. PCR		
<input type="checkbox"/> VR01733 Measles virus Genotyping	<input type="checkbox"/> MP00461 S. pneumoniae PCR		
<input type="checkbox"/> VR01725 Rubella virus PCR	<input type="checkbox"/> MP00463 S. pneumoniae Serotyping		
<input type="checkbox"/> VR01734 Rubella Genotyping	<input type="checkbox"/> MP00561 N. meningitidis PCR		
<input type="checkbox"/> VR01714 Mumps virus PCR	<input type="checkbox"/> MP00563 N. meningitidis Serogrouping		
<input type="checkbox"/> VR01735 Mumps virus Genotyping	<input type="checkbox"/> MP00651 H. influenzae PCR		
<input type="checkbox"/> VR01727 Varicella zoster virus PCR	<input type="checkbox"/> MP00653 H. influenzae Serotyping		
<input type="checkbox"/> VR01736 Varicella zoster virus Genotyping	<input type="checkbox"/> VR01724 Rotavirus PCR		
<b>WISCONSIN STATE LABORATORY OF HYGIENE USE ONLY</b>			