

New Jersey Department of Health and Senior Services

P. O Box 361

Trenton, NJ 08625-0361

Lab ID No.
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**REQUEST FOR IMMUNOLOGICAL/ISOLATION SERVICES  
-VIRAL TESTING UNIT-**

**COMPLETE ALL INFORMATION - MUST BE LEGIBLE TO AVOID PROCESSING DELAYS!**

Name (Last, First, MI)		Zip Code	Patient ID/SSN
Address		City	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB /    /	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
Race <input type="checkbox"/> White (European, No. African, Middle Eastern) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Other			
Specimen Type			
<input type="checkbox"/> Serum	Date/Time _____	<input type="checkbox"/> Sputum	Date/Time _____
<input type="checkbox"/> Plasma (EDTA)	_____	<input type="checkbox"/> Swab	_____
<input type="checkbox"/> CSF	_____	<input type="checkbox"/> Lesion/Vesicle Aspirate	_____
<input type="checkbox"/> Nasal Wash	_____	<input type="checkbox"/> Stool	_____
<input type="checkbox"/> Throat Wash	_____	<input type="checkbox"/> Biopsy/Autopsy	_____
<input type="checkbox"/> Broncheoalveolar Lavage/Wash	_____	<input type="checkbox"/> Other: _____	_____
Onset Date	Pertinent Clinical Information (brief history, clinical findings, relevant lab data)		
Tests Requested			Date/Time Received
<u>Viral Serology Screens</u> 90420 <input type="checkbox"/> Rubella (German Measles) IgG 90430 <input type="checkbox"/> Rubeola (Measles) IgG 90440 <input type="checkbox"/> Mumps IgG 90550 <input type="checkbox"/> Varicella IgG 90560 <input type="checkbox"/> Cytomegalovirus IgG 90570 <input type="checkbox"/> Toxoplasmosis IgG 90580 <input type="checkbox"/> Epstein Barr Virus IgG 90590 <input type="checkbox"/> Mycoplasma IgG 90600 <input type="checkbox"/> Herpes Group IgG  <u>Viral Isolation Testing</u> 90710 <input type="checkbox"/> CMV 90720 <input type="checkbox"/> HSV 90730 <input type="checkbox"/> Influenza 90740 <input type="checkbox"/> Parainfluenza 90750 <input type="checkbox"/> RSV 90760 <input type="checkbox"/> Varicella 90770 <input type="checkbox"/> Adenovirus 90780 <input type="checkbox"/> Vaccinia 90790 <input type="checkbox"/> Enterovirus  90700 <input type="checkbox"/> Other			<u>Current Infection/Outbreak Investigation</u> 90425 <input type="checkbox"/> Rubella IgM 90430 <input type="checkbox"/> Rubeola IgM 90455 <input type="checkbox"/> Varicella IgM 90565 <input type="checkbox"/> Cytomegalovirus IgM 90575 <input type="checkbox"/> Toxoplasmosis IgM  <u>Hepatitis Testing</u> 90610 <input type="checkbox"/> Hepatitis A Total Antibody 90630 <input type="checkbox"/> Hepatitis B Surface Antigen 90640 <input type="checkbox"/> Hepatitis B Surface Antibody 90650 <input type="checkbox"/> Antibody to Hepatitis B Core Antigen 90660 <input type="checkbox"/> Hepatitis C Antibody 90670 <input type="checkbox"/> Quantitative Hepatitis B Antibody  <input type="checkbox"/> Other Tests (specify): _____



**REQUEST FOR IMMUNOLOGICAL/ISOLATION SERVICES  
-VIRAL TESTING UNIT-  
(SRD-1) FORM**

**INSTRUCTIONS**

- Complete one (1) form for each patient.
- Provide all information requested on the form.
- Please include additional patient information as warranted in the “Pertinent Clinical Information” box on the form.

**Viral Isolation:**

- Collect specimens aseptically as soon as possible after onset or at autopsy. Label each specimen with patient identification information, type of specimen(s), date of collection. Refrigerate samples immediately and deliver to the New Jersey Department of Health and Senior Services, Public Health and Environmental Health Laboratories as soon as possible.\* Maintain cold chain throughout delivery process. If delivery will be delayed, specimens should be frozen at -70° C. Stool specimens submitted for Norovirus testing SHOULD NOT be frozen; only refrigerated. Do not add fixatives or preservatives to samples.

**Viral Serology:**

- Collect acute specimen via venipuncture into appropriate tube (red top, serum separator) within 7 days of onset. Convalescent samples should be drawn similarly 14 to 21 days after the acute sample. Store specimens at 2-8° C (35.6° - 46.4° F) until they can be delivered to the Lab. If specimen will not be delivered to the lab within 7 days, freeze serum samples at -20° C (-4° F). Maintain the specimen cold chain during delivery.

**\*Delivery:**

Ground deliveries should be made to:

NJ Department of Health and Senior Services  
Public Health and Environmental Laboratories  
Specimen Receiving Unit  
Warren and Market Streets  
Trenton, NJ 08608