

Neurologic Surveillance and Testing – Specimen Submittal Form

Viral and Rickettsial Disease Laboratory

Specimens should be placed on a cold pack or dry ice and swabs should be in viral transport media. If CSF is frozen, please send on dry ice.

VERY IMPORTANT: PLEASE SPECIFY SPECIMEN TYPE & DATE OF COLLECTION

Patient's Last Name, First Name			Patient's County of Residence: _____
Has patient's resident county been notified about this case? <input type="checkbox"/> Yes <input type="checkbox"/> No			For questions about submission requirements, email NeuroSurveillance@cdph.ca.gov or call 510-307-8608.
DOB:	Sex (circle): M F	Onset Date:	
Note that physicians must obtain approval from NST prior to submission of samples.			This section for Virus Laboratory use only. Date received by VRDL and State Accession Number
1 st	Specimen type and/or specimen source	Collection Date	1 st
2 nd	Specimen type and/or specimen source	Collection Date	2 nd
3 rd	Specimen type and/or specimen source	Collection Date	3 rd
4 th	Specimen type and/or specimen source	Collection Date	4 th
5 th	Specimen type and/or specimen source	Collection Date	5 th
Shippers Complete Mailing Address:			Ship samples to: ATTN: Specimen Receiving Viral and Rickettsial Disease Laboratory California Department of Public Health 850 Marina Bay Parkway Richmond, CA 94804

Requirements for sending samples to NST:

- 1.) Physician must obtain **PRIOR** approval to send samples for testing
- 2.) Case History Form and Specimen Submittal Form must be sent with complete sample set including CSF, Acute Serum, and NP/Throat swab (in VTM).
- 4.) Local health department must be notified of all submitted cases

Submitting Physician: _____ *Phone#* (_____) _____

Secure physician fax # for reporting laboratory results: (_____) _____

Submitting Facility: _____ *Lab Fax #*(_____) _____