

Health and Environmental Testing Laboratory

221 State Street, SHS 12
Augusta, Maine 04333-0012
Phone: 207-287-2727 Fax: 207-287-1727

Maine Center for Disease Control & Prevention

An Office of the Maine Department of Health and Human Services

This form and others available for download or printing on our website - www.mainepublichealth.gov/lab

(*REQUIRED FIELDS)

*Submitter Name/Address Submitter Phone Submitter Fax#	Hospital/Lab ID#	Physician Fax
	Physician Name (First/Last)	Physician Practice/Affiliation
	Physician Address and Phone	Physician NPI#
*Patient Name (*Last, *First, MI)	*Gender <input type="checkbox"/> M <input type="checkbox"/> F	*Specimen source: <input type="checkbox"/> Bronch wash <input type="checkbox"/> Buccal <input type="checkbox"/> CSF <input type="checkbox"/> Nasal Wash <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Stool <input type="checkbox"/> Cervical <input type="checkbox"/> Endocervical <input type="checkbox"/> Labial <input type="checkbox"/> Penile <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Whole blood <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Anal <input type="checkbox"/> Oral <input type="checkbox"/> Other:
Is patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Date of Birth (mm/dd/yyyy) Symptom Onset Date	*Date of Collection (mm/dd/yyyy)

Information below required for Blood Lead, Reportable Diseases or MaineCare Primary Insurance

Patient Street Address	Apt#	City/Town	State	Zip Code
Race <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Some other race <input type="checkbox"/> Two or more races	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	MaineCare# (if primary) Please include copy of MaineCare Card	Blood Lead Parent/Guardian Name	
		Blood Lead - ONLY <input type="checkbox"/> Check only if patient has No Private Insurance Coverage AND No MaineCare Coverage	Blood Lead Parent/Guardian Phone:	

BACTERIOLOGY

- Chlamydia/Gonorrhea screen (Amplified Probe)
- Bordetella species - PCR
- Campylobacter Identification
- Clostridium difficile PCR
- C. difficile PFGE Subtyping
- Cryptosporidium PCR
- E. coli Identification/serotyping
- E. coli Shiga Toxin by PCR
- Enteric Pathogen Screen (Salmonella, E.coli, Shigella, Campylobacter)
- Neisseria gonorrhoea culture
- Neisseria meningitidis grouping
- Neisseria meningitidis PCR - CSF only
- Salmonella Identification
- Shigella Identification/serotyping
- Vibrio Identification
- Yersinia Identification
- Reference Culture Identification; Organism Suspected:

BLOOD LEAD

- Blood Lead, venous
- Blood Lead, capillary
- Check if Symptomatic or Repeat Test

SEROLOGY

- Arbovirus IgM Panel (West Nile, SLE, EEE - **Requires Arboviral Submission Form**)
- Anti-Hepatitis B IgG Antibody screen
- Hepatitis C IgG Antibody screen
- HIV-1/HIV-2 Antibody/Antigen screen
- HIV-1/2 Screen/Confirmation(serum)
- Mumps IgG Antibody screen
- Mumps IgM Antibody screen
- Rubella IgG Antibody screen
- Rubeola (Measles) IgG Antibody screen
- Rubeola (Measles) IgM Antibody screen
- RPR Syphilis screen
- Syphilis serum confirmation
- Syphilis VDRL, Spinal Fluid Only
- Varicella zoster IgG Antibody screen

MYCOLOGY

- Mycology, Clinical Specimens
- Reference Culture Identification

MYCOBACTERIOLOGY

- Acid fast smear only
- Acid fast smear and culture
- M. tuberculosis complex PCR
- Quantiferon®-TB Gold /IGRA
- Reference Culture Identification

VIROLOGY

- Enterovirus RT-PCR, CSF Only
- Herpes simplex (HSV1/2) PCR
- Influenza A/B RT-PCR
- Mumps RT-PCR
- Norovirus RT-PCR
- Rubeola (Measles) RT-PCR
- Rash Panel PCR (HSV1, HSV2, VZV)
- Varicella/Herpes Zoster RT-PCR ("chicken pox"/"shingles")
- Reflex to Viral Culture if PCR Test Selected is Negative
- Viral Culture, Routine, (10 days)

CSF Panel: Enterovirus, HSV1/2, VZV and N. meningitidis PCR with reflex to Arbovirus IgM Panel if PCR tests are negative. (Reflex to Arbovirus Panel requires completed Arbovirus Submission Form)

Additional Information:

Maine CDC Outbreak Investigation ID#:
Investigator:

For questions about a disease outbreak or notifiable conditions, please call

Maine CDC- Disease Reporting

HOW TO REPORT:

TELEPHONE: **OR** **FAX:**
1-800-821-5821 **1-800-293-7534**
(24 hours a day) **(24 hours a day)**

Influenza A/H5 or Novel Influenza Testing
 Consult with Infectious Disease Epidemiology – Maine
 CDC

1-800-821-5821

As soon as a suspect/possible case has been identified

- For direction on whether a patient should be tested
- For infection control measures
- For information on current sampling guidelines and specimen transport
- For immediate coordination with laboratory

For a full test catalog, specific specimen collection instructions, test kit order forms, arboviral surveillance forms and an electronic version of this requisition form, please visit:

www.maine.publichealth.gov/lab

Reportable Diseases Requiring Submission to HETL:
Organisms/Conditions in BOLD are possible indicators of bioterrorism

Any Outbreak of unusual disease or illness

Bacillus anthracis
***Brucella* species**
Bordetella pertussis
Clostridium botulinum
Clostridium tetani
Corynebacterium diphtheria
***Coxiella* spp**
Escherichia coli 0157:H7
Escherichia coli – shiga toxin producing – all serotypes
***Francisella* species**
Gram positive rod septicemia or meningitis, growth within 72 hours
Haemophilus influenzae, invasive
Listeria species
 Measles virus (Rubeola)
 Mumps virus

Mycobacterium species (TB complex only)
Neisseria meningitidis
 Novel Influenza virus(untypeable)
 Rabies virus
RICIN poisoning
 Rubella virus
Salmonella species
 SARS (Coronavirus)
Shigella species
Smallpox virus
Staphylococcal enterotoxin B pulmonary poisoning
Toxoplasma gondii
Venezuelan equine encephalitis
Vibrio species
Yersinia pestis

For a full list of Notifiable Conditions, please visit:

<http://www.maine.gov/dhhs/bo/h/ddc/epi/disease-reporting/index.shtml>

Specimen types, storage and shipping conditions:

- General test kits are available from HETL for PCR/Viral Culture, Serology and Mycobacteriology.
- Specific test kits are available for **Blood Lead**, ***B. pertussis*** (culture and/or PCR), **Chlamydia/Gonorrhea amplified probe testing**, and
- Quantiferon®-TB Gold (IGRA) in-tube test.**
- Specific instructions for specimen collection available at www.maine.publichealth.gov/lab
- Test kits include sampling materials and instructions as well as packing materials and shipping containers for couriers or US Mail. To order test kits please call 207-287-2727 or fax order to 207-287-6832

MYCOLOGY

Submit clinical specimens (hair, nail clippings, tissue, body fluids) in sterile containers

PCR/VIRAL CULTURE

- Collect specimens promptly (ideally within 1-3 days of onset)
- Use polyester/Dacron swabs and viral transport medium
- Urine or stool specimens should be sent in sterile, leak proof containers. Small amount of stool (pea sized) can also be added to viral transport medium
- **Store specimens at refrigerator temp. and ship on frozen gel packs**
- **Do not freeze specimens. Do not ship on dry ice**
- Viral Culture Reflex Test for PCR: if selected PCR test is negative, routine culture will be ordered to detect other viruses
- Minimum of 1.0mL of spinal fluid is required to perform PCR and viral culture

SEROLOGY

Blood should be collected without anticoagulants or preservatives

- 5ml for an adult or 3ml for pediatric patients is sufficient volume
- Do not freeze blood specimens
- It is best to physically separate serum from the blood clot within 24 hours
- HIV-1 Western blot is automatically ordered for HIV+ screens and will be billed accordingly

MYCOBACTERIOLOGY

- 5ml is the recommended minimum sample volume for AFB recovery
- Respiratory specimens and other body fluids - collect in sterile container
- Bone marrow and blood - collect in heparin (green top) tube
- Tissue biopsy and bone - collect in sterile container with 1-2ml distilled H₂O or saline
- Urine – collect first morning in sterile container shipped on ice
- Use only HETL kits to collect specimens for Quantiferon®-TB Gold (IGRA) in-tube test

BACTERIOLOGY

- Chlamydia/Gonorrhea amplified probe test: urine and swab specimens from both male and female patients are acceptable. GenProbe collection tubes are **REQUIRED** for this test (available from HETL – call 207-287-2727)
- Shiga toxin positive broths should be sent for confirmation and serotyping
- Isolates sent for identification should include prior lab results

BLOOD LEAD

- Minimum of 300ul whole blood
- Heparin (green top) or EDTA (purple top) tubes are acceptable
- Sodium Citrate (light blue top) is **NOT** acceptable
- Capillary specimens with high levels will require venous confirmation
- Check **No Insurance box** only if patient does not have insurance to cover blood lead testing

CSF PANEL

- Minimum of 1.5mL of spinal fluid is required to perform CSF Panel and reflex to Arbovirus Panel if all PCR tests are negative.