

ACCESSION LABEL

Connecticut Department of Public Health Laboratory
MICROBIOLOGY TESTING SERVICES



**Place a DPH Lab submitter
 address/account label in this space.
 Call 860-509-8501 for additional labels.**

To authorize testing and assure the reporting of significant results,
 complete the two boxes below. No phone report will be made without
 a phone number.

PHYSICIAN/CONTACT:

PHONE NO.:

Patient Information

Last Name		First Name		Pt. ID no.
Address No. and Street		Town/State		ZIP
Date of Birth / /		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		

Specimen Information

Source/Site:		Date of Collection: / /		
Date of Onset: / /	Comments:			

****NOTE: Areas outlined in blue must be completed and a test below must be selected.****

Bacteriology

- 307M Chlamydia & gonorrhea probe ¹⁰
- 302M Gonorrhea culture ¹¹
- 320M Pertussis culture and DFA ¹¹
- 200M Shiga-toxin positive broth ⁷
- 201M Stool culture ⁸

Bacteriology – Isolates referred for identification

- 356M Aerobic isolate for ID
GPR R/O Anthrax
- 205M Isolate for EIP⁶; specify agent ▼
- 202M Stool isolate for ID⁹; specify ▼

Bacterial Serology

- 234V Bartonellosis; cat-scratch disease ¹⁹
- 100M Syphilis - serum ³
- 101M Syphilis - spinal fluid ^{3,4}
- 109M Syphilis confirmation ⁵
- 170M Other bacterial serology; specify ▼

Parasitology

- 295M Parasite for gross ID
- 285M Smears for blood parasites
- 275M Stool for O&P
- 180M Toxoplasma IgG²¹
- 276M Other parasite serology; specify ▼

Mycobacteriology / Mycology

- 400M Specimen for mycobacterial culture
- 404M Mycobacterial isolate for ID
- 466M Fungal serology; specify agent ▼

Viral Culture

- 180V Specimen for culture; isolate for ID
- 178V Herpes simplex culture
- 187V HSV Typing Requested
- 181V Influenza surveillance (seasonal) ²⁰
- 145V Rotavirus

Viral Serology

- 221V Arbovirus panel ¹²

- 189V Comprehensive panel ¹³
- 225V Encephalitis panel ¹⁴
- Enterovirus; specify below. ¹⁵
- 117V Exanthem/immune status ¹⁶
- 107V Respiratory panel ¹⁷
- 165V TORCH panel ¹⁸
- 141V Hepatitis B surface antibody ¹
- 115V Hepatitis B surface antigen ¹
- 120M HIV – serum ²
- 121M HIV – dried blood spot ²
- 124M HIV – Orasure ²
- 200P HIV – STARHS Referral ²
- 217V Parvovirus IgG&IgM
- 239V WNV IgM

Tests for immune status ²²

- 131V Cytomegalovirus IgG
- 133V Herpes simplex
- 139V Measles IgG
- 137V Mumps
- 110V Rabies
- 224V Rubella IgG
- 135V Varicella-zoster

Note: Superscript numbers indicate explanations on back of form.

Test, agent, or disease not listed; specify:

Test requested by Epidemiology Division or other special study; please indicate agent, disease, or syndrome:

Connecticut Department of Public Health Laboratory

P.O. Box 1689; 10 Clinton Street, Hartford, CT 06144

John Fontana, Ph.D., HCLD, (ABB), Director 860-509-8500

Information on tests. Expository information for individual tests is listed below under the organizational unit responsible for testing. More complete information on tests, specimen collection and handling, etc., can be found in the **Biological Sciences Section Directory of Services**, available by calling 860-509-8505.

Required submissions. Certain organisms are required by the Conn. Public Health Code to be submitted for confirmation. Most are listed below. For a more complete listing, refer to **Laboratory Reportable Significant Findings**. For information or copies of the list, call the Epidemiology Division at 860-509-7994.

Required information. The areas outlined in blue on the front indicate information required for testing or interpreting test results. Certain tests require other information; this is indicated where appropriate under the testing units listed below. Please note that the DPH Laboratory QA program requires that all necessary information be provided with submitted specimens before test results are reported.

Collection kits: provided free of charge; call 860-509-8501.

Bacterial Serology / Hepatitis / HIV (860-509-8567).

- Hepatitis B testing:** done in this unit.
- HIV:** A completed informed consent form must accompany all primary specimens submitted for HIV tests.
Serum: Please submit 12X100 mm Vacutainer serum separator tubes with at least 1.5 inches of blood and gel.
Dried blood spot: Saturate at least three circles with blood; dry flat at least 4 hrs. before placing in zip-lock bag.
Orasure: Specimens must be tested within 21 days of collection.
STARHS Referral: submit at least 0.5 ml remnant serum.
- Syphilis:** Submitted specimen will be tested by the VDRL slide test. If this test is reactive, a quantitative VDRL and confirmatory testing will be done. If testing is for monitoring treatment, please indicate "VDRL only" in the "Comments" box.
- Syphilis – spinal fluid:** Specimens of cerebrospinal fluid must be clear and free of red blood cells.
- Syphilis – confirmation:** Screening (VDRL) and confirmatory testing will be done. There will be no charge for the VDRL when this test is ordered.

Enteric Bacteriology / EIP / Parasitology (860-509-8570).

The **patient's address** is required for all specimens submitted to this unit.

- Isolate for EIP (Emerging Infections Program):** This is a CDC-funded program to study the epidemiology of several common pathogens isolated from systemic illness or normally sterile sites. Agents required to be submitted for this program include: *Haemophilus influenzae*, *Listeria monocytogenes*, *Neisseria meningitidis*, *Streptococcus pneumoniae*, MRSA,

vancomycin-resistant *Staphylococcus aureus*; and vancomycin-resistant *Staph. epidermidis*.

7. Shiga-toxin positive cultures: Submit broth cultures.

8. Stool culture. Stool specimens are routinely cultured for *Salmonella*, *Shigella*, *Campylobacter* and *E. coli* O157. Other agents, e.g., *Vibrio*, can be cultured on request.

9. Stool isolate for ID: All strains of *Salmonella* sp., and *Shigella* sp., are required by statute to be submitted for confirmation and serotyping. *E. coli* O157 and *E. coli* that produce shiga-like toxins are also required.

Chlamydia / Gonorrhea / Pertussis (860-509-8578).

10. Urine specimens must be tested within 14 days of collection. Endocervical and urethral swabs must be tested within 7 days of collection.

11. Pertussis (culture and DFA) and gonorrhea culture are done in this unit. Clients must provide appropriate media for Gonorrhea culture.

Mycobacteriology / Mycology (860-509-8573).

Virology (860-509-8553).

Viral test panels: The following panels are offered because signs and symptoms of many viral illnesses are not sufficiently distinctive to warrant testing for individual agents. If titers to individual agents are required, please specify agent(s).

12. Arbovirus panel: California, Eastern Equine, St. Louis, and Western Equine encephalitis viruses.

13. Comprehensive viral panel: Respiratory and exanthem panels.

14. Encephalitis panel: West Nile virus, Arbovirus, Jamestown Canyon, CMV, HSV, and VZV.

15. Enteroviruses: Enteroviruses for which serology is available are listed as follows with typical syndromes:

Coxsackie B1 – B6 (pool) – myocarditis, pleurodynia;

Polio Group

When ordering, specify at the bottom of the form.

16. Exanthem/immune status panel : CMV, HSV, measles, mumps, VZV.

17. Respiratory panel: Influenza A & B, adenovirus, mycoplasma, RSV, and parainfluenza types 1 – 3.

18. TORCH panel: Toxoplasma IgG/IgM, rubella IgG/IgM, CMV IgG/IgM, HSV

19. Bartonellosis (Cat-scratch disease): Done in this unit.

20. Influenza surveillance: This testing is offered free seasonally, generally October through March.

21. Toxoplasma serology: Done in this unit. IgM testing is also available.

22. Immune status: IgM testing is available for CMV, measles, and rubella.