

MDHHS-6084, VIROLOGY/SEROLOGY TEST REQUISITION

Michigan Department of Health and Human Services (MDHHS)

Bureau of Laboratories

(New 2-24)

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Lansing, MI 48909

Laboratory Records: 517-335-8059

Fax: 517-335-9871

Technical Information: 517-335-8067

Web: <http://www.michigan.gov/mdhhs/lab>

SECTION 1 – FOR LABORATORY USE ONLY

Date Received at MDHHS

MDHHS Sample Number

SECTION 2 – SUBMITTER INFORMATION

Submitter Information (Printed, Typed or Stamped)

Agency Code (if known)

☐ FP ☐ STD

Telephone

Fax

Contact Person/Ordering Physician/Provider Name

National Provider Identifier Number

SECTION 3 – PATIENT INFORMATION (MUST MATCH SPECIMEN LABEL EXACTLY)

Name (Last, First, Middle Initial or Unique Identifier)

Submitter's Patient Number (if applicable)

Address and Apartment Number (if applicable)

City

State

Zip Code

Phone Number

MIDAP Number

Sex at Birth

☐ Male ☐ Female

Gender Identity

☐ Male ☐ Female

Race

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other

Ethnicity

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown

Date of Birth (MM/DD/YYYY)

Pregnant?

☐ Yes ☐ No

SECTION 4 – TESTING REASON(S)

☐ Diagnosis

☐ Surveillance

☐ Outbreak

☐ PrEP

☐ Court Order

☐ Other (specify)

SECTION 5 – SPECIMEN INFORMATION

Submitter's Specimen Number (if applicable) Date Collected (MM/DD/YYYY) Time Collected

Indicate Specimen Source

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Serum | <input type="checkbox"/> CSF | <input type="checkbox"/> Buccal | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Plasma | <input type="checkbox"/> Nasopharyngeal (NP) | <input type="checkbox"/> Nasal | <input type="checkbox"/> Stool |
| <input type="checkbox"/> Whole Blood | <input type="checkbox"/> Oropharyngeal (OP) | <input type="checkbox"/> Bronchial Wash | <input type="checkbox"/> Other (Specify) |
-

SECTION 6 – TESTS REQUESTED

HIV Testing

Diagnostic Screening

- ☐ HIV Ag/Ab – Serum
- ☐ HIV PrEP (Only) Panel – Serum
(HIV Ag/Ab and NAT)

Treatment Monitoring Only

- ☐ CD4/CD8 – EDTA Whole Blood (Ambient Temperature)
- ☐ HIV-1 Viral Load – EDTA Plasma
-

Syphilis Testing

- | | |
|--|---|
| <input type="checkbox"/> Syphilis Panel (Screen) – Serum | <input type="checkbox"/> Syphilis VDRL – CSF Only |
| <input type="checkbox"/> Syphilis TP-PA – Serum | <input type="checkbox"/> Syphilis DFA – Lesion Smear Site |
-

Hepatitis Testing

- ☐ Hepatitis C Antibody (Screen) – Serum
- ☐ Hepatitis C Viral Load – Serum or Plasma (For Treatment Monitoring)
- ☐ Hepatitis B Panel (HBsAg, Anti-HBs, Anti-HBc) – Serum (HBV Diagnostic Screen)
- ☐ Hepatitis B Antibody (Anti-HBsAg) – Serum (For HBV Immune Status)
-

Bacterial/Fungal Serology

- | | |
|--|---|
| <input type="checkbox"/> Lyme Disease Ab – Serum | <input type="checkbox"/> Fungal Serology – Serum or CSF |
| <input type="checkbox"/> Brucella Serology – Serum | <input type="checkbox"/> Fungal Serology with Immunodiffusion – Serum |
-

Viral Serology

- ☐ Arbovirus Encep Panel (IgM) – CSF (Serum Requires Prior Approval)
Onset Date (MM/DD/YYYY)
Seasonal Testing beginning May 1st – Includes WNV, SLEV, EEEV, LACV and JCV
- ☐ Rabies Ab Serology – Serum Date of Last Rabies Vaccination (MM/DD/YYYY)
-

SECTION 7 – VIROLOGY – TEST THAT REQUIRE PRIOR MDHHS APPROVAL

- | | | |
|---|--|--|
| <input type="checkbox"/> Measles IgM – Serum | <input type="checkbox"/> Hepatitis A IgM – Serum | <input type="checkbox"/> Norovirus PCR – Stool |
| <input type="checkbox"/> Measles PCR – OP or NP | <input type="checkbox"/> Dengue IgM – Serum | Onset Date (MM/DD/YYYY) |
| <input type="checkbox"/> Mumps IgM - Serum | <input type="checkbox"/> Zika, Dengue and | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mumps PCR - Buccal | Chikungunya PCR Panel - | |
| <input type="checkbox"/> Rubella IgM - Serum | Serum | |
-

MDHHS Prior Approval Name

Date

SECTION 8 – ADDITIONAL INFORMATION

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

By Authority of Act 368, P.A. 1978.

DEFINITIONS/EXPLANATIONS

Definitions/Explanations pages are for quick reference. Only pages 1-2 are required to be completed and submitted with patient sample.

PATIENT INFORMATION

FP: Family Planning Clinic

STD: Sexually Transmitted Disease Clinic

PATIENT INFORMATION

Name: Print in UPPERCASE using dark pen, attach a printed label to form, or type in fillable sections.

Pregnant: Reporting requirement in accordance with the Notifiable Disease Rules of Michigan Public Health code. Report Pregnancy status, if available.

Sex at Birth: Mark biological sex at birth. This may differ from the gender identity of patient.

Gender Identity: Gender identity of patient: Male or Female

TESTING REASON(S)

Mark all that apply

SPECIMEN INFORMATION

All swabs MUST be submitted in an appropriate Transport Media (refer to A-Z webpage below).

Submission conditions:

- Ambient Temperature: EDTA whole blood for CD4/CD8
- Cold : On Frozen Ice Packs (<8° C): Serum*, Plasma*, CSF, Stool, NP Swab*, OP Swab*, Nasal Swab*, Sputum, Bronchial Wash and Buccal Swab
- Frozen: Serum*, Plasma*, OP Swab*, Nasal Swab*, Throat Swab*

*If greater than 3 days before testing, store frozen until shipped. Note on requisition form the storage conditions if there was a delay in shipping.

Specimen Source: CSF = Cerebral Spinal Fluid

Date Collected: Month/Day/Year

Time Collected: Military time

TESTS REQUESTED

Tests: For additional information regarding tests, specimen collection and shipping instructions, refer to the A to Z test listing at

HIV PrEP (Only) Panel - Serum	Both HIV Ag/Ab and a nucleic acid test (NAT) will be run on all samples following CDC recommendations for PrEP HIV testing.
	See www.cdc.gov/hiv/basics/prep for more information.
CD4/CD8 - EDTA Whole Blood	Store and ship at ambient temperature. Do NOT refrigerate or freeze. Specimen should be shipped to the lab so it can be run within 24 hours from time of collection. Samples older than 48 hours will NOT be tested.
<ul style="list-style-type: none"> • Syphilis: 	
Syphilis Panel (Screen) – Serum	Using the reverse algorithm, samples that test positive by the MIA screen will be tested by the Rapid Plasma Reagin (RPR) test. If the RPR is negative, a supplemental Treponema Pallidum Particle Agglutination (TP-PA) test will be performed.
Syphilis VDRL (CSF)	This testing requires a positive serum treponemal result or serum sample submission for syphilis panel testing.
<ul style="list-style-type: none"> • Hepatitis: 	
Hepatitis C Antibody (Screen) - Serum	Sample is screened for antibodies to Hepatitis C. All positive and equivocal screen results will reflex to Viral Load (or HCV qualitative PCR if low volume specimen, <1.0 mL) if the sample meets required shipping conditions and collection time frame.
Hepatitis C Viral Load – Serum or Plasma	To be used for HCV treatment monitoring. Patient should have an HCV positive test result before ordering. Sample must meet required shipping conditions and collection time frame.
Hepatitis B Panel – Serum	Used for hepatitis B diagnosis, following the CDC recommendations for hepatitis B testing. This panel includes Hepatitis B Surface Antigen (HBsAg), Hepatitis B Surface Antibody (Anti-HBs) and Hepatitis B Core Total Antibody (Anti-HBc). The Hepatitis B antibody test ordered alone is useful for determining immune status.
<ul style="list-style-type: none"> • Bacterial/Fungal Serology: 	
Fungal Serology - Serum or CSF	Serum testing includes the Complement Fixation (CF) test for Histoplasma (mycelial and yeast forms) and Coccidioides antibodies, along with an Enzyme Immunoassay (EIA) for Blastomyces antibodies. If the CF or EIA is positive or equivocal, the Immunodiffusion (ID) test will be performed. CSF samples will ONLY be tested by Complement Fixation.

Fungal Serology with
Immunodiffusion – Serum

Immunodiffusion testing will be performed along with the fungal Ab screen (CF and EIA) regardless of screen results.

Lyme Disease Ab – Serum

Serum samples are screened with the Lyme Total Antibody VlsE1/pepC10 (IgG/IgM) EIA test. If screen is positive or equivocal, the sample will also be tested for Lyme IgG and Lyme IgM antibodies individually by EIA.

- **Viral Serology:**

Arbovirus Encep Panel (IgM)

Seasonal Testing begins on May 1st. Fill in onset date of symptoms. If travel history and clinical summary are available, enter information in Section 8 – Additional information.

CSF is the preferred specimen. All serum samples **MUST** have prior approval through the MDHHS Bureau of Epidemiology or the Virology Section Manager.

Rabies Ab Serology – Serum

Not for diagnostic purposes. To be used for evaluating immune status of a patient who has had their last rabies vaccination at least 2 weeks prior to sample collection.

VIROLOGY - TESTS THAT REQUIRE PRIOR MDHHS APPROVAL

For tests that require prior approval, please contact the MDHHS Department of Epidemiology at 517-335-8165 for approval before submitting sample.

Enter the name of person approving testing and date of approval.

ADDITIONAL INFORMATION

Record any relevant information such as storage conditions, test results, travel history, clinical symptoms, vaccination history, etc.