

NEBRASKA PUBLIC HEALTH LABORATORY

UNIVERSITY OF NEBRASKA MEDICAL CENTER
 981180 NEBRASKA MEDICAL CENTER
 OMAHA, NEBRASKA 68198-1180

PHONE: 402.559.2440
 TOLL FREE: 866.290.1406
 FAX: 402.559.9497

**Special Microbiology
 Test Request Form**

PATIENT LAST NAME FIRST NAME MI			COLLECTION DATE TIME / / ___ AM ___ PM	
DOB / /	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PT. ID# / ADDITIONAL INFO		
SUBMITTED BY: _____ Account Number _____ Account Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			PROVIDER NAME PHONE # NPI # PATIENT ADDRESS APT CITY STATE ZIP COUNTY CODE STATE CODE SURVEILLANCE SITE Race: ___ White ___ Black ___ American Indian ___ Asian/Pacific Islander ___ Unknown ___ Other _____ Ethnicity: ___ Hispanic ___ Non-Hispanic ___ Unknown	
Test approved by: _____ Phone #: _____ Date approved: _____ Collected by: _____ Phone #: _____ Contact NPHL Phone 402.559.7744 or 402.559.3590				
Source: ___ Blood ___ Bronchial Aspirate ___ Cervical ___ CSF ___ Nasopharyngeal ___ Sputum ___ Stool ___ Throat ___ Urethral ___ Urine ___ Vaginal ___ Other				
Clinical Diagnosis/Etiology Agent: _____ Date of Onset: _____ Recent Travel <input type="checkbox"/> NO <input type="checkbox"/> YES, Specify State or Country _____ (even within USA, could be informative)				
REPORTABLE CONFIRMED ORGANISM/BANK ONLY			THE FOLLOWING TESTS REQUIRE APPROVAL BY STATE PUBLIC HEALTH LAB BEFORE SUBMISSION TO NPHL. PLEASE INDICATE APPROVAL IN SPACE PROVIDED ABOVE.	
Bordella pertussis (BNK)			BACTERIOLOGY/GENERAL	
E. coli O157:H7			Bordetella pertussis culture (BPERT)	
Haemophilus influenzae (sterile sites only)			Legionella spp culture (LEGCU)	
Listeria monocytogenes			OTHER:	
Neisseria meningitidis (sterile sites only)			MYCOLOGY	
Salmonella serotypes			Identification from isolate (FUNID)	
Shigella spp. not sonneii List Species: _____			OTHER:	
Vibrio spp. List Species: _____			PARASITOLOGY	
Streptococcus pneumoniae (sterile site only)			Cryptosporidium confirmation (OVPCY)	
OTHER:			Cyclospora confirmation (OVPCY)	
CONFIRMATION IDENTIFICATION FROM ISOLATE			Ova and Parasites, Foreign Travel: Include in above demographics (OVPAR)	
Shigatoxin-positive E.coli (HECCU)			Ectoparasite ID (Indicate Source) (ECTO)	
OTHER:			___ Bedbug ___ Lice ___ Tick ___ Worm ___ Other: _____	
SEROTYPING / SEROGROUPING ISOLATE			MOLECULAR VIROLOGY	
H. influenzae (sterile sites only) (BNK)			Enterovirus PCR (EVOT)	
N. meningitidis (sterile sites only)			Herpes panel PCR (blood) (HVMPB)	
Salmonella spp.			Herpes panel PCR (CSF) (HVMPD)	
Shigella spp. (NOT Shigella sonneii)			Norovirus RNA (stool) (NVDET)	
OTHER:			MERS PCR (MERSC)	
STOOL CULTURE INDEPENDENT ISOLATION AND ID Stool positive for GI pathogen by PCR (NAAT) or EIA			OTHER:	
Test Method used to detect positive: (BNK)			MULTIPLEX PCR	
Indicate target(s): ___Cryptosporidium ___Cyclospora ___E.coli O157(HECCU)			GI Panel (GIP)	
___Giardia ___STEC(HECCU) ___Salmonella ___Vibrio ___Yersinia			Respiratory Pathogen Panel (RESPP)	
Do not send in formalin-SAF, PVA, Protofix			SEROLOGY	
Stool positive for Shigatoxin by EIA (confirmation) (HECCU)			Measles (Rubeola) virus IgG (MEAT)	
OTHER:			Measles virus IgM (CDCSO)	
PROOF-OF-CURE FOR PREVIOUSLY POSITIVE STOOLS			Mumps virus IgG (MUMPG)	
Shigatoxin E. coli (SHIGA)			Mumps virus IgM (MUMPM)	
Salmonella (ORGSS)			West Nile virus IgG/IgM ___ Serum ___ CSF (WNAB,WNIGMC)	
Shigella (ORGSS)			Zika virus IgM ___ Serum ___ CSF (CDCSO)	
OTHER:			OTHER:	
ANTIBIOTIC RESISTANCE CONFIRMATION*			MOLECULAR BACTERIOLOGY	
CRE or KPC/NDM (CARPCR)			Bordetella pertussis DNA (nasopharyngeal) (BPD)	
ESBL (BNK or ORGCU if Pt Account)			OTHER:	
VISA/VRSA (BNK or ORGCU if Pt Account)			MYCOBACTERIOLOGY/TB	
OTHER:			AFB Culture and Smear; includes susceptibility (AFBCU)	
*Provide antimicrobial susceptibility test data if available			*Collect 1 specimen every 24 hours for 3 days.	
SUSPECT BT ORGANISM / UNABLE TO RULE OUT Submit through STATPack or page 402.888.5588 prior to referral Include all biochemical results			AFB Identification (AFBIS)	
Bacillus spp. (BTID)			M. tuberculosis direct PCR (TBAPR)	
Brucella spp.			M. tuberculosis genotyping (TBGEN)	
Burkholderia spp.			M. tuberculosis direct susceptibility testing (AFBIS)	
Francisella spp.			OTHER:	
Yersinia spp.				
Additional Testing / Comments				



Packaging and Shipping to Nebraska Public Health Laboratory

Category A Infectious Substances, Affective Humans UN2814

Category B Biological Substances, UN3373

Specimen Handling:

Practice universal blood and body fluid precautions when handling specimens. Specimens must be collected in or transferred to leakproof primary containers. The container must have at least two patient identifiers and be placed into a secondary sealed biohazard bag to prevent contamination. The biohazard bag should be equipped with an absorbent material, large enough to absorb the entire contents if spilled. The person determining if a package can be shipped as exempt, biological or infectious substance, must be trained in the classification process. All materials must be accompanied by the appropriately completed requisition. Most clinical specimens can be handled as an exempt or category B biological substance, placed in a biohazard bag and offered to the ground courier service. All organism isolates on culture media or in broth must be triple packaged in either the Biological Substances UN3373 (Category B) or the Infectious Substances UN2814 (Category A) provided by Nebraska Public Health Laboratory (NPHL). Contact Karen Stiles at 402.598.2348 or page 402.888.5588 for shipping additional material or instructions.

Shipping Certification:

To ensure the safety of laboratory personnel and the public, proper handling of specimens and propagated organisms is mandatory. The shipper is legally responsible to comply with the rules and guidelines for transport of Division 6.2 infectious substances, which is regulated as a hazardous material under the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR; 49 CFR Parts 171-178). Purpose of adherence to these regulations and requirements is to minimize the potential for damage to the contents of the package during transport and to reduce the exposure of the shipper to the risks of criminal and civil liability associated with the improper shipment of dangerous goods. Specimens and organism isolates will be rejected if submitted improperly.

Anyone involved in the classification, packaging, shipping or transportation of dangerous goods (including infectious substances) must be trained and certified in the shipment of dangerous goods (Division 6.2). Training must be function-specific, i.e., directly relevant to role the person plays in the packing and shipping process. Persons who pack and ship Category B infectious substances and exempt specimens must receive clear instructions, understand classification and be familiar with regulations. However, persons who pack and ship Category A infectious substances or ≥ 5 kg Dry Ice must receive the aforementioned training plus specific training for all functions involved in packing and shipping more hazardous Category A substances, and be certified to do so.

Transport Instructions:

After determining the exact nature and category of the substance to be shipped, the shipper must follow the appropriate packing instructions, provided by Nebraska Public Health Laboratory in each shipping box and at training sessions.

Courier Services:

Category A Infectious Substance UN2814 shipped from Omaha area must be transported to NPHL by exclusive couriers, as they are only courier specifically trained and licensed to transport Category A. Do not use routine NPHL courier. Call Client Services to arrange an exclusive courier.

All Lincoln and greater Nebraska laboratories must first notify NPHL and ship all Category A Infectious Substances via FedEx, to include airbill and shippers declaration.

To inquire about scheduled stops, and after hours courier ground service, call client services Toll Free 866.290.1406 or 402.559.2440.

Packages going by **FedEx**, ship to address:

CATEGORY A

Client Services
Nebraska Public Health Laboratory
4400 Emile Street MSB 3500
Omaha, NE 68105
Phone: 866.290.1406

CATEGORY B

Client Services
Nebraska Public Health Laboratory
981180 Nebraska Medical Center, MSB 3500
Omaha, NE 68198-1180
Phone: 866.290.1406

Packages going by **Ground**, courier to address:

CATEGORY A*

Client Services
Nebraska Public Health Laboratory
981180 Nebraska Medical Center, MSB 3500
Omaha, NE 68198-1180
Phone: 866.290.1406

CATEGORY B

Client Services
Nebraska Public Health Laboratory
981180 Nebraska Medical Center, MSB 3500
Omaha, NE 68198-1180
Phone: 866.290.1406

*Courier specifically trained and licensed to transport Category A. Do not use routine NPHL courier.