

SHIPPING CATEGORY A CLIENT SERVICES NEBRASKA PUBLIC HEALTH LABORATORY 4400 EMILE STREET, MSB 3500 OMAHA, NE 68105

CATEGORY B CLIENT SERVICES NEBRASKA PUBLIC HEALTH LABORATORY 601 SOUTH SADDLE CREEK RD, MSB 3500 OMAHA, NE 68106

NPHL Test Request Form

ALL SHADED AREAS REQUIRED

Clear

| | | | | | |
|--|--|--|--|--|--|
| PATIENT LAST NAME _____ FIRST NAME _____ MI _____ | | | COLLECTION DATE ____/____/____ TIME _____ AM / PM | | |
| DOB ____/____/____ GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREGNANT | | PT. ID# / ADDITIONAL INFO _____ | PROVIDER: _____ (LAST, FIRST, MI) _____ (NPI) _____ | | |
| PATIENT ADDRESS _____ APT _____ | | | Submitted to NPHL by: _____ Account Number _____ Account Name _____ Address _____ City, State & Zip Code _____ Phone Number _____ Fax Number _____ Originating Laboratory or Clinic: _____ Name _____ City & Phone # _____ | | |
| CITY _____ STATE _____ ZIP _____ | | | | | |
| COUNTY CODE _____ STATE CODE _____ SURVEILLANCE SITE _____ | | | | | |
| PHONE NUMBER _____ - _____ - _____ | | | | | |
| RACE: ___ White ___ Black ___ American Indian ___ Asian/Pacific Islander ___ Unknown ___ Other _____ | | | | | |
| ETHNICITY: ___ Hispanic ___ Non-Hispanic ___ Unknown | | | | | |
| Clinical Diagnosis/Etiology Agent: _____ Date of Onset: _____ Recent Travel ___ NO ___ YES, Specify below State/Country: _____ Travel Dates: _____ | | | | | |
| Source: ___ Blood ___ Bronchial Aspirate ___ Cervical ___ CSF ___ Nasopharyngeal ___ Rectal ___ Sputum ___ Stool ___ Throat ___ Urethral ___ Urine ___ Vaginal Other: _____ | | | | | |
| REPORTABLE CONFIRMED ORGANISM/BANK ONLY | | | The tests below require approval by NPHL before submission NPHL Phone: 402.559.9444 NPHL 24/7 Pager: 402.888.5588 | | |
| E. coli O157:H7 (NPHLBK) | | | Test approved by: _____ Phone #: _____ | | |
| E. coli non-O157 | | | Date of approval: _____ | | |
| Listeria monocytogenes | | | Collected by: _____ Phone #: _____ | | |
| Salmonella List Serogroup (if known): _____ | | | | | |
| Shigella spp. not sonnei List Species: _____ | | | | | |
| Vibrio spp. List Species: _____ | | | | | |
| Streptococcus pneumoniae (sterile site only) | | | | | |
| OTHER: _____ | | | | | |
| CONFIRMATION IDENTIFICATION FROM ISOLATE | | | BACTERIOLOGY/GENERAL | | |
| Shigatoxin-positive E.coli (HECCU) | | | Bordetella pertussis culture (BPERT) | | |
| OTHER: _____ | | | Legionella spp culture (LEGCU) | | |
| SEROTYPING / SEROGROUPING ISOLATE | | | OTHER: _____ | | |
| Haemophilus influenzae (sterile sites only) (BNK) | | | MYCOLOGY | | |
| Neisseria meningitidis (sterile sites only) | | | Identification from isolate (FUNID) | | |
| OTHER: _____ | | | OTHER: _____ | | |
| STOOL POSITIVE FOR GI PATHOGEN BY PCR (NAAT) OR EIA | | | PARASITOLOGY | | |
| Provide test method used to detect positive: | | | Cryptosporidium confirmation (OVPCY) | | |
| ___ Cryptosporidium (NPHLBK) ___ Salmonella (ORGSS) | | | Cyclospora confirmation (OVPCY) | | |
| ___ Cyclospora (NPHLBK) ___ STEC (HECCU) | | | Ova and Parasites, Foreign Travel: Include in above demographics (OVPAR) | | |
| ___ E. coli O157 (HECCU) ___ Vibrio (ORGISO) | | | Ectoparasite ID (Indicate Source) (ECTO) | | |
| ___ Giardia (NPHLBK) ___ Yersinia (ORGISO) | | | ___ Bedbug ___ Lice ___ Tick ___ Worm ___ Other: _____ | | |
| **Do not send in formalin-SAF, PVA, Prototfix** | | | MOLECULAR VIROLOGY | | |
| Stool positive for Shigatoxin by EIA (confirmation) (HECCU) | | | Enterovirus PCR (EVOT) | | |
| OTHER: _____ | | | Herpes panel PCR (blood) (HVMPB) | | |
| PROOF-OF-CURE FOR PREVIOUSLY POSITIVE STOOLS | | | Herpes panel PCR (CSF) (HVMPPO) | | |
| Shigatoxin E. coli (SHIGA) | | | Norovirus RNA (stool) (NVDET) | | |
| Salmonella (ORGSS) | | | Norovirus Sequencing (NVSEQ) | | |
| Shigella (ORGSS) | | | MERS PCR (MERSC) | | |
| OTHER: _____ | | | Zika PCR (ARBPCR) | | |
| ANTIBIOTIC RESISTANCE CONFIRMATION/SCREEN | | | OTHER: _____ | | |
| CRE or KPC/NDM ** (CARBAR) | | | MULTIPLEX PCR | | |
| CPE Colonization Screen ** (CARBCS) | | | GI Panel (GIP) | | |
| ESBL (BNK or ORGCU if Pt Account) | | | Respiratory Pathogen Panel (RESPP) | | |
| VISAVRSA (BNK or ORGCU if Pt Account) | | | SEROLOGY | | |
| OTHER: _____ | | | Measles (Rubeola) virus IgG (MEAT) | | |
| ** CRE/CPE Supplemental Form Required ** | | | Measles virus IgM (CDCSO) | | |
| SUSPECT BT ORGANISM / UNABLE TO RULE OUT | | | Mumps virus IgG (MUMPG) | | |
| Submit through STATPack or page 402.888.5588 prior to referral | | | Mumps virus IgM (MUMPM) | | |
| Include all biochemical results | | | West Nile virus IgG/IgM ___ Serum ___ CSF (WNAB / WNIGMC) | | |
| Bacillus spp. (BTID) | | | Zika virus IgM ___ Serum ___ CSF (ZIKSER / ZIKCSF) | | |
| Brucella spp. | | | OTHER: _____ | | |
| Burkholderia spp. | | | MOLECULAR BACTERIOLOGY | | |
| Francisella spp. | | | Bordetella pertussis DNA (nasopharyngeal) (BPD) | | |
| Yersinia spp. | | | OTHER: _____ | | |
| Additional Testing/Comments: _____ | | | MYCOBACTERIOLOGY/TB | | |
| | | | ** See MTB Supplemental Form for available tests and order codes ** | | |



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 or NPHL Ground**, 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
601 S Saddle Creek Rd MSB 3500
Omaha, NE 68106
Phone: 866.290.1406

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