

SHIPPING CATEGORY A CLIENT SERVICES CATEGORY B CLIENT SERVICES  
 ADDRESSES: NEBRASKA PUBLIC HEALTH LABORATORY NEBRASKA PUBLIC HEALTH LABORATORY  
 4400 EMILE STREET; MSB 3500 601 SOUTH SADDLE CREEK RD; MSB 3500  
 OMAHA, NE 68105 OMAHA, NE 68106

**NPHL Test Request Form**

ALL SHADED AREAS REQUIRED

Clear

PATIENT LAST NAME			FIRST NAME			MI	COLLECTION DATE		TIME		
DOB			GENDER		PT. ID# / ADDITIONAL INFO			PROVIDER:			
/ /			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREGNANT					(LAST, FIRST, MI) (NPI)			
PATIENT ADDRESS						Submitted to NPHL by:					
APT						Account Number					
CITY						Account Name					
STATE ZIP						Address					
COUNTY CODE STATE CODE SURVEILLANCE SITE						City, State & Zip Code					
PHONE NUMBER						Phone Number Fax Number					
RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other						Originating Laboratory or Clinic:					
ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown						Name					
Clinical Diagnosis/Etiology Agent: _____ Date of Onset: _____ Recent Travel <input type="checkbox"/> NO <input type="checkbox"/> YES, Specify below State/Country: _____ Travel Dates: _____						City & Phone #					
Source: <input type="checkbox"/> Blood <input type="checkbox"/> Bronchial Aspirate <input type="checkbox"/> Cervical <input type="checkbox"/> CSF <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Sputum <input type="checkbox"/> Stool <input type="checkbox"/> Throat <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal Other: _____ (specify)						<b>Below tests require approval from your Local Health Department or the State Epidemiology Program before submission</b> Visit <a href="http://dhhs.ne.gov">http://dhhs.ne.gov</a> for a complete listing of health departments and contact information.					
<b>REPORTABLE CONFIRMED ORGANISM/BANK ONLY</b>						Test approved by: _____ Phone #: _____ Date of approval: _____ Collected by: _____ Phone #: _____					
E. coli O157:H7 (NPHLBK)						<b>HIGH CONSEQUENCE PATHOGEN TESTING</b>					
E. coli non-O157						OTHER:					
Haemophilus influenzae						Contact NPHL for consultation on testing and ordering					
Listeria monocytogenes						<b>BACTERIOLOGY/GENERAL</b>					
Salmonella List Serogroup (if known): _____						Bordetella pertussis culture (BPERT)					
Shigella spp. not sonnei List Species: _____						Legionella spp culture (LEGCU)					
Streptococcus pneumoniae (sterile site only)						<b>MYCOLOGY</b>					
Vibrio spp. List Species: _____						Identification from isolate (FUNID)					
Yersinia enterocolitica						<b>PARASITOLOGY</b>					
<b>CONFIRMATION IDENTIFICATION FROM ISOLATE</b>						Cryptosporidium confirmation (OVPCY)					
Candida auris (Presumptive ID: _____) (ORGPU)						Cyclospora confirmation (OVPCY)					
Shigatoxin-positive E.coli (STEC) (HECCU)						Ova and Parasites, Foreign Travel: Include in above demographics (OVPAR)					
OTHER:						Ectoparasite ID (Indicate Source) (ECTO)					
<b>SEROTYPING / SEROGROUPING ISOLATE</b>						__Bedbug __Lice __Tick __Worm __Other: _____					
Neisseria meningitidis (sterile sites only) (BNK)						<b>MOLECULAR VIROLOGY</b>					
<b>STOOL POSITIVE FOR GI PATHOGEN BY PCR (NAAT) OR EIA</b>						COVID-19 (NCOVSC)					
Provide test method used to detect positive:						Enterovirus PCR (EVOT)					
__Cryptosporidium (NPHLBK) __Salmonella (ORGSS) __Cyclospora (NPHLBK) __STEC (HECCU) __E. coli O157 (HECCU) __Vibrio (ORGISO) __Norovirus* (NPHLBK) __Yersinia (ORGISO)						Herpes panel PCR (blood) (HVMPB)					
*By request only, for outbreak investigation*						Herpes panel PCR (CSF) (HVMPD)					
Do not send in formalin-SAF, PVA, Prototix						Measles virus PCR (CDCSO)					
<b>PROOF-OF-CURE FOR PREVIOUSLY POSITIVE STOOLS</b>						Mumps virus PCR (CDCSO)					
Shigatoxin E. coli (SHIGA)						Norovirus RNA (stool) (NVDET)					
Salmonella (ORGSS)						Norovirus Sequencing (NVSEQ)					
Shigella (ORGSS)						Zika PCR (ARBPCR)					
<b>ANTIBIOTIC RESISTANCE CONFIRMATION/SCREEN</b>						<b>MULTIPLEX PCR</b>					
CRE or Presumptive CPE ** (CARBAR)						GI Panel (GIP)					
CPE Colonization Screen ** (CARBCS)						Meningitis/Encephalitis Panel (MEEP)					
ESBL (BNK or ORGPU if Pt Account)						Respiratory Pathogen Panel (RESPP)					
VISA/VRSA (BNK or ORGPU if Pt Account)						<b>SEROLOGY</b>					
OTHER:						Measles (Rubeola) virus IgG (MEAT)					
** CRE/CPE Supplemental Form Required **						Measles virus IgM (SPPRB)					
<b>SUSPECT BT ORGANISM / UNABLE TO RULE OUT</b>						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.						<b>MOLECULAR BACTERIOLOGY</b>					
Francisella spp.						Bordetella pertussis DNA (nasopharyngeal) (BPD)					
Yersinia spp.						<b>MYCOBACTERIOLOGY/TB</b>					
Additional Testing/Comments:						** 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**

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**Specimen Handling:**

- Practice universal blood and body fluid precautions when handling specimens, including appropriate PPE for specimen being collected. Advanced PPE including face shield or goggles must be worn for more communicable pathogens such as Influenzae, Measles/Mumps or Viral Hemorrhagic Fever pathogens (call NPHL before collection of VHF).
- Specimens must be collected in or transferred to leak-proof primary containers. The container must have at least two patient identifiers (first and last name and DOB) 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.
- Appropriate Requisition and Supplemental Forms must be completed in entirety and placed in the pocket of the biohazard bag - do NOT place inside the bag with the specimen.
- The shipper must determine if specimens are shipped as exempt, Category B or Category A (must be trained in the classification process).
- All organism isolates or specimens must be triple packaged (outer container can be a courier bag or other rigid box).
- Contact Karen Stiles at 402.598.2348 or page 402.888.5588 for additional shipping 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.
- Persons who pack and ship Category A infectious substances of >5 kg Dry ice must receive the aforementioned training for all functions involved in packing and shipping more hazardous Category A substances, and be certified to do so.

**Transport Instructions:**

- After classifying type of shipment, the shipper must follow the appropriate packing instructions, provided by Nebraska Public Health.

**Courier Services:**

- Category A Infectious Substance UN2814 shipped from Omaha and Lincoln 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 greater Nebraska laboratories must first notify NPHL and ship all Category A Infectious Substances via FedEx, to include airbill and shippers declaration.
- Category B specimens in sealed biohazard bag (with absorbent material) can be placed in courier cooler for ground transport.
- To inquire about scheduled stops and after hours ground courier 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.**