

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

**NPHL Test Request Form**

ALL SHADED AREAS REQUIRED

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 (call NPHL client services if unknown) _____ Account Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ Originating Laboratory or Clinic: _____ Name _____ City & Phone # _____		
CITY      STATE      ZIP					
COUNTY CODE      STATE CODE      SURVEILLANCE SITE					
PHONE 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					
ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown					
Clinical Diagnosis/Etiology Agent: _____ Date of Onset: _____ Recent Travel <input type="checkbox"/> NO <input type="checkbox"/> YES, Specify below State/Country: _____ Travel Dates: _____					
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 <input type="checkbox"/> Other: _____ (specify)					
<b>REPORTABLE CONFIRMED ORGANISM/BANK ONLY</b>					
<input type="checkbox"/> E. coli O157:H7 and E. coli non-O157 (NPHLBK)					
<input type="checkbox"/> Haemophilus influenzae					
<input type="checkbox"/> Listeria monocytogenes					
<input type="checkbox"/> Salmonella List Serogroup (if known): _____					
<input type="checkbox"/> Shigella spp. not sonnei List Species: _____					
<input type="checkbox"/> Streptococcus pneumoniae (sterile site only)					
<input type="checkbox"/> Vibrio spp. List Species: _____					
<input type="checkbox"/> Yersinia enterocolitica					
<b>CONFIRMATION IDENTIFICATION FROM ISOLATE</b>					
<input type="checkbox"/> Candida auris (Presumptive ID: _____) (ORGCU)					
<input type="checkbox"/> Shigatoxin-positive E.coli (STEC) (HECCU)					
OTHER: _____					
<b>SEROTYPING / SEROGROUPING ISOLATE</b>					
<input type="checkbox"/> Neisseria meningitidis (sterile sites only) (BNK)					
<b>STOOL POSITIVE FOR GI PATHOGEN BY PCR (NAAT) OR EIA</b>					
Provide test method used to detect positive:					
<input type="checkbox"/> Cryptosporidium (NPHLBK) <input type="checkbox"/> Salmonella (ORGSS)					
<input type="checkbox"/> Cyclospora (NPHLBK) <input type="checkbox"/> STEC (HECCU)					
<input type="checkbox"/> E. coli O157 (HECCU) <input type="checkbox"/> Vibrio (ORGISO)					
<input type="checkbox"/> Norovirus* (NPHLBK) <input type="checkbox"/> Yersinia (ORGISO)					
*By request only, for outbreak investigation* Do not send in formalin-SAF, PVA, Protifix					
<b>ANTIBIOTIC RESISTANCE CONFIRMATION/SCREEN</b>					
<input type="checkbox"/> CRE or Presumptive CPE ** (CARBAR)					
<input type="checkbox"/> ESBL (BNK or ORGCU if Pt Account)					
<input type="checkbox"/> VISA/VRSA (BNK or ORGCU if Pt Account)					
OTHER: _____					
** CRE/CPE Supplemental Form Required **					
<b>SUSPECT BT ORGANISM / HIGHLY HAZARDOUS COMMUNICABLE DISEASE</b> Submit through STATPack or page 402.888.5588 prior to referral Include all biochemical results					
<input type="checkbox"/> Bacillus spp. (BTID)					
<input type="checkbox"/> Brucella spp.					
<input type="checkbox"/> Burkholderia spp.					
<input type="checkbox"/> Francisella spp.					
<input type="checkbox"/> Orthopoxviruses					
<input type="checkbox"/> Yersinia spp.					
OTHER: _____					
Additional Testing/Comments:					

Submitted to NPHL by: \_\_\_\_\_  
 Account Number (call NPHL client services if unknown) \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Originating Laboratory or Clinic: \_\_\_\_\_  
 Name \_\_\_\_\_  
 City & Phone # \_\_\_\_\_

**Below tests require approval from your Local Health Department or the State Epidemiology Program before submission**  
 Visit <http://dhhs.ne.gov> for a complete listing of health departments and contact information.

Test approved by: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Date of approval: \_\_\_\_\_  
 Collected by: \_\_\_\_\_ Phone #: \_\_\_\_\_

**BACTERIOLOGY/GENERAL**

Bordetella pertussis culture (BPERT)  
 Legionella spp culture (LEGCU)

**MYCOLOGY**

Identification from isolate (FUNID)

**PARASITOLOGY**

Cryptosporidium confirmation (PARAST)  
 Cyclospora confirmation (PARAST)  
 Ova and Parasites, Foreign Travel: Include in above demographics (OVPAR)  
 Ectoparasite ID (Indicate Source) (ECTO)  
 Bedbug  Lice  Tick  Worm  Other: \_\_\_\_\_

**MOLECULAR VIROLOGY**

COVID-19 (NCOVFL)  
 Enterovirus PCR (EVOT)  
 Measles Virus PCR (CDCSO)  
 Mumps Virus PCR (CDCSO)  
 Norovirus RNA (stool) (NVOBD)

**MULTIPLEX PCR**

GI Panel (GIP)  
 Meningitis/Encephalitis Panel (MEEP)  
 Respiratory Pathogen Panel (RESPP)

**SEROLOGY**

Measles (Rubeola) virus IgG (MEAT)  
 Measles virus IgM (SPPRB)  
 Mumps virus IgG (MUMPG)  
 Mumps virus IgM (MUMPM)  
 West Nile virus IgG/IgM    Serum    CSF (WNAB/WNABC)  
 West Nile virus IgM (CSF) (WNIGMC)  
 OTHER: \_\_\_\_\_

**MOLECULAR BACTERIOLOGY**

Bordetella pertussis DNA (nasopharyngeal) (BPD)

**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

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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 (page NPHL before collection of VHF - 402.888.5588).
- 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 NPHL Test Request Form and Supplemental Forms must be completed in entirety and placed in the pocket of the biohazard bag (Category B) or outside of the secondary container (Category A) - 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 client services at 866.290.1406 or 402.559.2440, or page NPHL at 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:

- UN2814 Category A Infectious Substance MUST be packaged in a Category A box provided by NPHL, no exceptions. Omaha and Lincoln surrounding areas can be transported to NPHL by an exclusive ground courier, as they are specifically trained and licensed to transport Category A. Call Client Services and ask specifically for a "Category A" pickup. Greater Nebraska laboratories must first notify NPHL of incoming Category A samples and ship all Category A Infectious Substances via FedEx, to include FedEx Airway Bill and Shippers Declaration. NPHL can provide pre-paid airway bills by contacting 402.559.9444. Detailed procedure can be found on [NPHL.org](http://NPHL.org).
- UN3373 Category B specimens can be transported by all exclusive and non-exclusive ground couriers, but MUST be packaged in a specifically labeled Category B box. Detailed procedure can be found on [NPHL.org](http://NPHL.org). Special exemptions exist for the Omaha, Lincoln and surrounding areas if transported by ProMed or Lab Logistics in which specimens can be sealed in a biohazard bag (with absorbent material) and placed directly in courier cooler/satchel for ground transport.
- Specimens that are NOT considered Category B, but exempt or not regulated by DOT, can also be transported in a sealed biohazard bag (with absorbent material) and placed directly in courier cooler/satchel for ground transport. This includes the following exemptions:
  - Substances which do not contain infectious substances or substances which are unlikely to cause disease in humans or animals are not subject to these Regulations unless they meet the criteria for inclusion in another class.
  - Substances containing microorganisms which are non-pathogenic to humans or animals are not subject to these Regulations unless they meet the criteria for inclusion in another class.
  - Substances in a form that any present pathogens have been neutralized or inactivated such that they no longer pose a health risk are not subject to these Regulations unless they meet the criteria for inclusion in another class. Examples:
    - Blood and urine test ordered for routine medical exams to monitor levels of cholesterol, glucose, hormones
    - Tests to monitor organ function such as liver, kidney, heart
    - Tests ordered for determining presence of alcohol or drugs
    - DNA & RNA tests
    - Pregnancy tests
    - Samples for testing other than for the presence of pathogens, including biopsies for cancer and antibody titers

Packages going by **FedEx\* or NPHL Ground**, ship to address:

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

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

- To inquire about scheduled stops and after hours ground courier service, call client services Toll Free 866.290.1406 or 402.559.2440. NPHL client services hours: M-F 24/7; Saturday, Sunday 7am-3pm. After hours on call pager 402.888.2086.