

**Alaska State Virology Laboratory**

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**Fairbanks Lab Request Form v10/05/2022***This Space is for Alaska State Virology Lab Use Only*

<b>Patient Information:</b> Preprinted Labels are Recommended				<b>Submitter Information - Report Results to:</b>			
Two unique patient identifiers are required on the specimen and the requisition. Please print clearly. Failure to fill out <b>required fields</b> will result in specimen processing delays.				<b>Facility Name (Hospital/Clinic/etc.)</b>		<b>ICD10 Code</b>	
<b>Patient ID (Chart#, MR#)</b>		<b>Collection Date</b>		Time am pm		<b>Provider Name</b>	
<b>Last Name</b>		<b>First Name</b>		MI		<b>Phone Number</b>	
<b>Mailing Address</b>				<b>City</b>		<b>Fax Number</b>	
<b>Date of Birth</b>		<b>Gender</b>		<b>Other Patient/Sample ID</b>		<b>State</b>	
<b>Date of Death</b>		<b>Medicaid/Medicare #</b>		<b>City/Village</b>		<b>Zip Code</b>	
<b>Race</b>				<b>Epidemiological Investigations</b>			
<b>Ethnicity</b>				If a novel strain of influenza, norovirus, or a vaccine preventable disease: symptomatic measles, mumps, rubella, varicella zoster (chicken pox or shingles) is suspected, consult the Section of Epidemiology before shipping specimens to the laboratory: 907-269-8000 or 1-800-478-0084.			
<b>Patient Contact Information:</b>				<b>Name of Epi Contact:</b>			
<b>Physical Address:</b>							
<b>Phone Number:</b>							
<b>For all serum submissions, please indicate the following:</b>							
<b>Date Frozen</b> <small>(Freeze, if possible)</small>		Serum spun down within 6 hours of collection					
<b>Date Shipped</b>		Please ensure proper handling of serum to preserve sample integrity. Specimens must be spun down within 6 hours of collection to minimize serum contact with cells.					
<b>Herpes Simplex Virus Types I/ II</b>		<b>HIV (Serum)</b>		<b>Norovirus</b>			
Serology (serum for antibody testing)		HIV - Antigen/Antibody Screen <i>Positives reflex to additional testing</i>		Norovirus PCR			
PCR (Universal Transport Media + swab) Fees may apply.		HIV Rapid Kit		<i>Specimen Type</i>			
Swab site		HIV Rapid Result		<b>Vaccine Preventable Disease</b>			
<b>Immunization Status (Serum)</b>		<b>Viral Hepatitis (Serum)</b>		<b>Rash or Parotitis Onset Date</b>			
Mumps virus IgG antibody		Hepatitis A - Screen <i>Total Antibody</i>		<b>Vaccination Status</b>			
Measles (Rubeola) virus IgG antibody		Hepatitis A: Symptomatic <i>Total antibody and IgM antibody</i>		Rubella virus PCR			
Rubella virus IgG antibody		Hepatitis B: Screen <i>Core antibody</i>		<i>Specimen Type</i>			
Varicella Zoster virus IgG antibody		Hepatitis B: Immunization check <i>Core antibody, surface antibody</i>		Mumps virus PCR			
		Hepatitis B: Prenatal <i>Core antibody, surface antigen</i>		<i>Specimen Type</i>			
		Hepatitis B: Symptomatic, Exposures <i>Core antibody, surface antibody, surface antigen</i>		Measles (Rubeola) virus PCR			
		Hepatitis B: Perinatal - less than 2yo <i>Surface antibody, surface antigen</i>		<i>Specimen 1</i>			
<b>Miscellaneous Testing</b>		Hepatitis C: Screen and RNA testing <i>Total antibody positives will automatically reflex to viral load. If viral load is &gt; 1000 IU/mL, genotyping will be performed.</i>		<i>Specimen 2 (optional)</i>			
Specimen Type:				Varicella Zoster virus PCR (chickenpox or shingles)			
Comments:				<i>Specimen Type</i>			
Please refer to our Test Directory: <a href="http://dhss.alaska.gov/dph/Labs/Documents/LaboratoryTests.pdf">http://dhss.alaska.gov/dph/Labs/Documents/LaboratoryTests.pdf</a>							
If the desired test is not on this form, please review the Anchorage Public Health Lab Request Form: <a href="https://dhss.alaska.gov/dph/Labs/Documents/AncTestReq.pdf">https://dhss.alaska.gov/dph/Labs/Documents/AncTestReq.pdf</a> or for respiratory pathogen testing, please use the Respiratory Pathogens Form: <a href="https://dhss.alaska.gov/dph/Labs/Documents/RespPathRequestForm.pdf">https://dhss.alaska.gov/dph/Labs/Documents/RespPathRequestForm.pdf</a>							