

**Alaska State Public Health Laboratories**

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Respiratory Pathogen Request Form v10/05/2022*This Space is for Alaska State Laboratory Use Only*

Patient Information: Preprinted Labels are Recommended
 Two unique patient identifiers are required on the specimen and the requisition. Please print clearly. Failure to fill out **required fields** will result in specimen processing delays.

<u>Patient ID (Chart#, MR#)</u>	<u>Collection Date</u>	Time	am pm
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<u>Last Name</u>	<u>First Name</u>	MI
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<u>Date of Birth</u>	<u>Gender</u>	Other Patient/Sample ID
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<u>Race/Ethnicity</u>	Date of Death	Home City or Village
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Patient Contact Information:
Physical Address:
Phone Number :

For all testing requested, please choose all that apply:

Symptomatic	Required for work clearance
Asymptomatic	Medical procedure clearance
Healthcare worker	Travel outside of AK within last 14 days
Long term care resident	Vaccinated for SARS-CoV-2
Inpatient	Associated with outbreak
Outpatient	

SARS-CoV-2 Virus Diagnostic Testing

SARS-CoV-2 PCR

Specimens will be screened using a PCR assay with a 1-3 day turnaround from specimen receipt. All positive specimens will be reflexed to sequencing.

SARS-CoV-2 Virus Confirmation Testing

SARS-CoV-2 NAAT

Confirmation of previously tested patient. Specimens must be submitted in VTM/UTM. Please indicate platform and results below.

SARS-CoV-2 Initial Test Platform

SARS-CoV-2 Result

SARS-CoV-2 Sequencing

SARS-CoV-2 Sequencing

This option is only available for pre-tested positive specimens. Please list cycle threshold (Ct) values below, if available:

Submitter Information - Report Results to:

<u>Facility Name (Hospital/Clinic/etc.)</u>	<u>Phone Number</u>
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<u>Provider Name</u>	<u>Fax Number</u>
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<u>Mailing Address</u>

<u>City</u>	<u>State</u>	<u>Zip Code</u>
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Preferred specimen types include nasopharyngeal swabs, nasal swabs (anterior nares), oropharyngeal (throat) swabs, nasal mid-turbinate swab (deep nasal swab), nasopharyngeal wash/aspirate, or nasal wash/aspirates. All upper respiratory specimens must be in approved viral transport medias. Dry swabs will be rejected.

Storage and Transport

- Store all specimens in a refrigerator (2-8C) up to 72 hours or freeze for longer storage.
- Pack refrigerated specimens on ice packs to preserve viral integrity. Pack frozen specimens with plenty of ice packs or dry ice.
- Ship as a Biological Substance Category B UN3373. If using dry ice, indicate UN1845.

Specimen Type:**Respiratory Virus Surveillance Testing**

Influenza, RSV, and SARS-CoV-2 PCR

Specimens submitted by respiratory sentinel providers for surveillance purposes. If pre-tested, please indicate the platform and result.

Influenza Rapid Kit

Influenza Rapid Result

Influenza Vaccine?

RSV Rapid Kit

RSV Rapid Result

SARS-CoV-2 Initial Test Platform

SARS-CoV-2 Result

Other Respiratory Pathogen Diagnostic Testing

Specimens submitted for respiratory pathogen diagnosis.

RSV PCR (respiratory syncytial virus)

Respiratory Pathogen Panel (RPP) - Fees apply (\$416.78)
 SARS-CoV-2, influenza A (H1, H1-2009, H3), influenza B, RSV (A&B), adenovirus, rhinovirus/enterovirus, human metapneumovirus, parainfluenza (1,2,3,4), coronavirus (NLG3, OC43, HKU1, 229E), *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*

Please refer to our Test Directory: <http://dhss.alaska.gov/dph/Labs/Documents/LaboratoryTests.pdf>, pg. 23

If the desired test is not on this form, please review: Anchorage Public Health Lab Request Form: <http://dhss.alaska.gov/dph/Labs/Documents/publications/AncSupplyReq.pdf>
 Alaska State Virology Laboratory Form: <http://dhss.alaska.gov/dph/Labs/Documents/publications/FbxSupplyReq.pdf>