



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.

Patient ID (Chart#, MR#) Collection Date Time am pm

Last Name First Name MI

Date of Birth Gender Other Patient/Sample ID

Race/Ethnicity Date of Death Home City or Village

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:

Facility Name (Hospital/Clinic/etc.) Phone Number

Provider Name Fax Number

Mailing Address

City State Zip Code

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>