

**Alaska State Virology Laboratory**PO Box 60230
Fairbanks, AK 99706
Phone: 907-371-1000

24 hours: 1-855-371-1001

HIPAA Compliant Fax: 907-474-4036

Fairbanks Lab Request Form v3/7/2025*This Space is for Alaska State Virology Lab Use Only*

Patient Information: Preprinted Labels are Recommended				Submitter Information - Report Results to:						
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.				Facility Name (Hospital/Clinic/etc.)		ICD10 Code				
Patient ID (Chart#, MR#)		Collection Date		Time		Provider Name		Phone Number		
Last Name			First Name		MI	Mailing Address			Fax Number	
Date of Birth			Gender	Other Patient/Sample ID			City		State	Zip Code
Date of Death	Medicaid/Medicare #			City/Village			Project Code			
Race		Ethnicity				Patient Contact Information:				
Pregnancy Status						Physical Address:		Phone Number:		
Interferon-Gamma Release Assay (IGRA)		Lithium heparin plasma only; collected in QIAGEN QuantIFERON-Gold+ collection tubes								

Serological Testing*

For all tests listed in this section, a serum specimen is required. Please ensure proper handling of serum to preserve sample integrity. Specimens must be centrifuged within **2 hours of collection** to minimize serum contact with red blood cells. Plasma is *not* an acceptable sample type at this time. Specimens should be frozen in a laboratory freezer (-20 °C or colder), if possible, prior to shipping. Ship specimens on frozen ice packs in appropriate Category B insulated shippers.

Date Frozen Freeze, if possible	Date Shipped	Herpes Simplex Virus 1 and 2 antibodies
HIV Antigen/Antibody Screen <i>Positives reflex additional testing</i>		Hepatitis A: Screen Total antibody
<i>HIV Rapid Kit</i>	<i>HIV Rapid Result</i>	Hepatitis A: Symptomatic Total antibody and IgM
Measles (Rubeola) virus IgG antibody (immunization check)		Hepatitis B: Screen core antibody, surface antibody, surface antigen Specimens reactive for surface antigen will automatically reflex to hepatitis B core IgM antibody test.
Mumps virus IgG antibody (immunization check)		Hepatitis B: Surface Antibody
Rubella virus IgG antibody (immunization check)		Hepatitis B: Surface Antigen Reactive specimens reflex to core antibody, surface antibody, and core IgM antibody tests
Varicella Zoster virus IgG antibody (immunization check)		Hepatitis C: Screen Total antibody positives will automatically reflex to viral load

Epidemiological Investigations *Name of Epi Contact*

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.

<i>Norovirus specimen type</i>	<i>Specimen type</i>	<i>Comments</i>
Norovirus	Miscellaneous Testing	
Rashor Parotitis Onset Date	Rubella virus PCR <i>Rubella specimen type</i>	Mumps virus PCR* <i>Mumps specimen type</i>
Vaccination Status	Measles (Rubeola) virus PCR* <i>Measles specimen type 1</i>	Varicella Zoster virus PCR <i>Varicella Zoster specimen type</i>

*Fees may apply for some tests: <https://health.alaska.gov/dph/Labs/Pages/fees-for-service.aspx>
Please refer to our Test Directory: <https://health.alaska.gov/dph/Labs/Documents/LaboratoryTests.pdf>
If the desired test is not on this form, please review the Anchorage Public Health Lab Request Form: <https://health.alaska.gov/dph/Labs/Documents/publications/AncTestReq.pdf>
For respiratory pathogen testing, please use the Respiratory Pathogens Form: <https://health.alaska.gov/dph/Labs/Documents/RespPathRequestForm.pdf>