# **New Jersey Department of Health** P. O Box 361

## Trenton, NJ 08625-0361

	Lab ID No.	
SERVICES		
SERVICES		

## **REQUEST FOR IMMUNOLOGICAL/ISOLATION** -CLINICAL SERVICES TESTING UNIT

Name (Last, First, MI)		Zip Code	Patient ID/SSN
Address		City	
Sex DOB I I	Ethnicity	anic/Latino [	☐ Non-Hispanic/Non-Latino
Race  White (European, No. African, Middle Eastern)  American Indian or Alaskan Native	Native Hawaiian or Othe ☐ Black or African Ame		☐ Asian ☐ Other
Specimen Type           Date/Time           Serum:         Bronchial           Acute         Sputum           Convalescent         CSF	Date/Time	☐ Tick ☐ Other (Specify):	Date/Time
Exposure Date Pertinent Clinical Information (brief I	nistory, clinical findings, ı	relevant lab data)	
Tests Requested  Tick-borne Disease Testing  92010 Tick Identification Only 92020 Lyme Disease Isolation (Tick) 92025 Lyme Disease Isolation (Tissue, Joint Fluid, etc.) 92030 Lyme Disease Serology 92040 Human Granulocytic Ehrlichiosis 92050 Human Monocytic Ehrlichiosis 92060 Rocky Mt. Spotted Fever (Tick) 92080 Rocky Mt. Spotted Fever Serology	Fungal Serol  92090	s sis sis sis sis sis sis sis sis sis s	Date/Time Received
Physician Name (Print)  Submitter Name and Mailing Address Information	Physician Teleph	one Number	
(Name)  (Address)  (City) (State) (Zip)	(if you would like	umber (including area results faxed) -	a code)

COMPLETE ALL INFORMATION - MUST BE LEGIBLE TO AVOID PROCESSING DELAYS!

# REQUEST FOR IMMUNOLOGICAL/ISOLATION SERVICES -CLINICAL SERVICES TESTING UNIT(SRD-4) FORM

## INSTRUCTIONS

#### IMPORTANT - PLEASE READ BEFORE COMPLETING FORM

#### COMPLETE ALL INFORMATION - MUST BE LEGIBLE TO AVOID PROCESSING DELAYS

FOR FURTHER INFORMATION AND PRICING, CALL 609-292-5819.

### COMPLETE ONE FORM FOR EACH PATIENT: GIVE ALL INFORMATION REQUESTED ON FORM

#### ISOLATION

Collect specimens aseptically as soon as possible after onset or at autopsy. Label each specimen with patient identification, type of specimen, and date of collection. REFRIGERATE IMMEDIATELY, keep cold, and deliver to State Laboratory.\* If delivery is delayed longer than 24 hours, specimens should be frozen at coldest temperature, -70 C. Do not add preservatives or fixatives.

#### IMMUNOLOGY

Acute and convalescent serum specimens are necessary to determine an immunologic response has occurred or increase in titer during the course of illness. Specimens should be submitted together unless prior arrangements have been made to test acute or only an acute specimen is appropriate.

Acute: Collect as soon as possible, preferably within 7 days of onset. Label with

patient's name and date collected on tube and form.

Convalescent: Collect 2 - 3 weeks after onset (Legionella 3 - 6 weeks; Lyme 6 - 12 weeks,

preferably 6; Rickettsiae 4 - 6 weeks)

Amount: Submit 3 - 4 ml. of serum; no preservatives. Hemolyzed specimens are not

acceptable.

#### TICK SUBMISSION

Place tick in a test tube or other airtight container (film canister, pill bottle).

Add moistened piece of paper towel, paper napkin, or cotton.

If submission is not immediate, refrigerate tick until ready for submission (no longer than 24-48 hrs.)

Label tick container with your name and date collected.

#### \*DELIVERY

Ground deliveries should be made to:

NJ Department of Health Public Health and Environmental Laboratories Specimen Receiving Unit 3 Schwarzkopf Drive Ewing, NJ 08628