



Vaccine Preventable Disease (VPD)

Project #
1712

Frozen
Condition: Cold
Room Temp

Bar Code
Sticker

Public Health Laboratory * 601 Robert St N * St. Paul MN 55155 * 651-201-5200

(MDH Use Only)

Clinical Testing and Submission Form

PATIENT INFO

Last name:

First name: MI:

Address:

City: St: Zip:

Patient ID #:

DOB: mm/dd/yyyy Sex: M F U

Patient location:

FACILITY INFO

Name:

Address:

City: St: Zip:

Submitter #: Phone:

Clinician name: Phone:

Person filling out form: Phone:

Specimen or Isolate Source Information

Specimen Isolate

Lab sample #:

Collection date:

Collection time: a.m. p.m.

Ship date to MDH:

- Blood
- Serum
 - acute convalescent
- Plasma
- BAL
- CSF
- Scab/lesion
- Stool
- Urine

- Swab:
 - Buccal
 - Nasal
 - NP
 - throat
 - combined throat/NP
- Wash
 - Nasal
 - NP

- NP aspirate
- Extracted nucleic acid
- Other approved source:

Test Requested

- 2600 Measles Virus RT-PCR
- 2602 Measles Vaccine Assay RT-PCR
- 2605 Measles Virus Genotyping
- 2620 Mumps Virus RT-PCR
- 2625 Mumps Virus Genotyping
- 2780 Rubella Virus RT-PCR
- 2785 Rubella Virus Genotyping
- 2971 Varicella-zoster Virus PCR
- 2975 Varicella-zoster Virus Genotyping
- 1230 B. pertussis Anti-PT IgG
- 2100 Bordetella species PCR
- 2400 H. influenzae PCR
- 2405 H. influenzae Serotyping
- 2630 N. meningitidis PCR
- 2635 N. meningitidis Serogrouping

Submitter Lab Results

Culture:

PCR (include Ct):

Serology IgM:

Serology IgG:

Patient Clinical Info

Symptoms:

Was patient vaccinated for tested disease? Yes No unknown

Vaccine Type:

- MMR MMRV
- DTap Tdap
- PCV13 PPSV23
- MCV4 MSPV4

- Varicella
- Rotavirus
- Hib

Date of symptom onset:

Date of rash onset:

Antibiotic treatment:

Cough duration:

If YES, date of last vaccination:

Submitting lab comments: