



Vaccine Preventable Disease (VPD)

Project #

1712

Fee sticker

N/A

Bar Code Sticker

MDH Use Only

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

Clinical Testing and Submission Form

PATIENT INFO

SUBMITTING PHL INFO

Last name: _____
 First name: _____ MI: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Patient ID #: _____
 DOB (mm/dd/yyyy): ____/____/____ Sex: M F U

Facility name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Submitter #: _____ Phone: _____
 Name of person filling out form: _____ Phone: _____

Specimen or Isolate Source Information

Specimen Isolate

Lab sample #: _____
 Collection date: ____/____/____ (mm/dd/yyyy)
 Collection time: ____ a.m. p.m.
 Ship date to MDH: ____/____/____
 Volume: _____

- Blood
- Serum
- acute convalescent
- Plasma
- BAL
- CSF
- Stool
- Urine
- Swab
 - buccal
 - NP
 - throat
 - combined throat/NP
 - NP aspirate
 - Extracted nucleic acid
 - Other approved source: _____

Test Requested

Submitter Lab Results

- 1200 Measles Virus IgM
- 2600 Measles Virus RT-PCR
- 2605 Measles Virus Genotyping
- 2620 Mumps Virus RT-PCR
- 2625 Mumps Virus Genotyping
- 2760 Rotavirus PCR
- 2780 Rubella Virus RT-PCR
- 2785 Rubella Virus Genotyping
- 2970 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
- 2900 S. pneumoniae PCR
- 2905 S. pneumoniae Serotyping

Test Results

Culture: _____
 PCR: _____
 Serology IgM: _____
 Serology IgG: _____

Patient Clinical Info

Was patient vaccinated for tested disease? Yes No Unknown

Symptoms: _____

If YES, date of last vaccination: ____/____/____

Date of symptom onset: ____/____/____

- Vaccine type:
- MMR MMRV Varicella
 - DTap Tdap Rotavirus
 - PCV13 PPSV23
 - MCV4 MSPV4 Hib

Date of rash onset: ____/____/____

Antibiotic treatment: _____ (if administered prior to specimen collection)

Cough duration: _____ (for pertussis specimens only)

Submitting laboratory's comments: