



VIROLOGY/IMMUNOLOGY REQUEST

Oregon State Public Health Laboratory (OSPHL)
7202 NE Evergreen Pkwy. Suite 100; Hillsboro, OR 97124
Information: 503-693-4100

Oregon
Health
Authority

PATIENT INFORMATION

*Patient last name, first, middle initial:		
*Date of birth (mm/dd/yyyy):	*Sex/gender: <input type="radio"/> Female <input type="radio"/> F to M <input type="radio"/> Male <input type="radio"/> M to F <input type="radio"/> Unknown	Patient ID/Chart number:
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-race <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Declined
Patient street address:		
City:	State:	ZIP:
*County of Residence:	Outbreak number:	Study:

*Submitting facility: Providence Regional Laboratories Referrals Department 4400 NE Halsey St., Building 3 Portland, OR 97213 503-215-8597 Fax 971-712-2161
*Ordering clinician: Dr. Douglas Blackall
Contact number: 503-893-7672
Copy results to: <input type="checkbox"/> County of Residence <input type="checkbox"/> State Public Health <input type="checkbox"/> Other Public Health: _____

PATIENT INSURANCE INFORMATION

*Insurance/Health plan name:	<input type="checkbox"/> None <input type="checkbox"/> Confidential	Policy no.:	Group ID:
Diagnosis/ICD-10 code for test:		Public Health Program eligible patient (for participating locations only): <input type="checkbox"/> STD Program <input type="checkbox"/> RH Program <input type="checkbox"/> Other: _____	

SPECIMEN INFORMATION

*Date of collection:	Time of collection (##:##): <input type="radio"/> AM <input type="radio"/> PM	Hospitalized? <input checked="" type="radio"/> Yes <input type="radio"/> No	Pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Illness onset date:	<input type="radio"/> Acute <input type="radio"/> Convalescent
*Specimen source: <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Vomit <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Nasal Swab <input type="checkbox"/> Oropharyngeal/Throat Swab <input type="checkbox"/> Other swab: _____					

*TESTS REQUESTED — Please choose one:

HEPATITIS <input type="checkbox"/> HAVM: Hepatitis A IgM Antibody <input type="checkbox"/> HAVG: Hepatitis A IgG Antibody <input type="checkbox"/> HBSAG: Hepatitis B Surface Antigen <input type="checkbox"/> HBSAB: Hepatitis B Surface Antibody <input type="checkbox"/> HBCT: Hepatitis B Core Antibody <input type="checkbox"/> HBCM: Hepatitis B Core IgM Antibody <input type="checkbox"/> HCV: Hepatitis C Antibody Screen with Confirmation	MOLECULAR (Requires prior approval or outbreak number) <input type="checkbox"/> COVID-19: SARS-CoV-2, RT-PCR or NAAT <input type="checkbox"/> MOL NOV: Norovirus RT-PCR <input checked="" type="checkbox"/> MOL IA/IB QUAL: Influenza RT-PCR Screen <input type="checkbox"/> MOL MUV: Mumps RT-PCR <input type="checkbox"/> MOL MEV: Measles RT-PCR <input type="checkbox"/> BIOFIRE GI: BioFire® FilmArray® Gastroenteritis Panel <input type="checkbox"/> BIOFIRE RP: BioFire® FilmArray® Respiratory Panel 2.1 <input type="checkbox"/> Other (specify): _____
SYPHILIS <input type="checkbox"/> Screen with Confirmation (TP) <input type="checkbox"/> Confirmation — Recent reactive antibody test or previous history (RPR Only)	REFERRAL TESTING / SEND-OUTS CDC Referrals — Requires completed CDC form at: http://bitly.com/or-cdc-testing Write in: _____ Non-CDC Referrals Write in: _____
CT/CG <input type="checkbox"/> CT/GC: Chlamydia/Gonorrhea by NAAT (Nucleic Acid Amplification Testing) <input type="radio"/> Vaginal/patient <input type="radio"/> Rectal/patient <input type="radio"/> Cervical <input type="radio"/> Vaginal/clinician <input type="radio"/> Rectal/clinician <input type="radio"/> Pharyngeal <input type="radio"/> Urine <input type="radio"/> Urethral	OTHER Write in: _____
HIV <input type="checkbox"/> HIV: HIV-1/HIV-2 Antibody/Antigen Screen with Confirmation Previous Rapid HIV testing? <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> No test <input type="radio"/> Unknown	

COMMENTS

***Complete as many fields as possible. Required fields that will cause testing delays if not completed are marked with an asterisk (*).**

OHA 0042 (03/23)

State License# 101

CLIA# 38D0656824

NPI# 1750408159

Laboratory Director: Patrick Luedtke, MD, MPH

GENERAL INSTRUCTIONS

Selected specimen submission clarifications are listed below for your reference. This list is not inclusive of all requirements. All specimens submitted are subject to the Oregon State Public Health Laboratory's Specimen Submission Policy, available at: <http://bitly.com/SpecimenCriteria>.

- Submit each specimen with a completed request form. PLEASE PRINT LEGIBLY.
- Please fill out the request form COMPLETELY or delays in processing and testing of the specimen may occur.
- Additional information beyond that on the test request form may be required (e.g., the Oregon Specimen Information for Lab Testing at the CDC form), depending on the examination requested, to assure accurate and timely testing and reporting of results.
- Both the test request form and the specimen container label must have at least two matching unique identifiers. If specimen identity differs from that on the test request form, testing may not be performed!
- Specimens may be rejected for any of the following reasons:
 1. Insufficient quantity or quality;
 2. Unlabeled specimen container;
 3. Leaking specimen;
 4. Specimen with incomplete requisition;
 5. Missing or invalid ordering clinician; or
 6. Incorrect or mismatching patient identifiers.

Every attempt will be made to salvage leaking or improperly submitted samples of cerebrospinal fluid, biopsy tissues, aspirates, and other specimens obtained surgically, providing that the safety of the laboratory worker is not compromised.