CITY OF MILWAUKEE HEALTH DEPT • PUBLIC HEALTH LABORATORIES • **VIROLOGY** • 841 N. BROADWAY, Rm. 205, MILWAUKEE, WI 53202-3653

Please Print *(Last)* *(First)* *(M.I.)*

Patient's Name: _____ Date of Birth __ __ __ __ __ __

Patient's Address: _____ Sex: ☐ M ☐ F

City: _____ State: Zip: Specimen I.D.

Diag-nosis: Onset Date: Dura-tion:

Do Not Write Here – For Health Dept. Use Only

MHD LAB. # _____ Date Rec'd. _____

Prelim. Report 1 Date: _____ Site Code: _____

Prelim. Report 2 Date: _____ Test Code: _____

Final Report Date: Spec.

Submitting Agency:

Physician's Name:

Agency's Address:

City, State & Zip Code:

Agency's Phone: _____

Physician's Phone: _____

Notice: *Only* ONE SPECIMEN PER FORM

Submit all THREE copies of this form with specimen.

CLINICAL INFORMATION *(data help determine tests performed)*

Respiratory	***Neurological***	***Gastrointestinal***	***Other***
☐ Acute Resp. Disease	☐ Seizures	☐ Vomiting	☐ Fever
☐ Pneumonia	☐ Convulsions	☐ Diarrhea	☐ Headache
☐ Bronchitis	☐ Paralysis	☐ Nausea	☐ Pleurodynia
☐ U.R.I.	☐ Stiff Neck	☐ Abd. pain	☐ Myo-pericarditis
☐ Cough	☐ Aspt. Meningitis	☐ Hepatitis / Jaundice	☐ Lymphadenopathy
☐ Sore Throat	☐ Encephalitis		☐ Rash / type _____
☐ Other_____			☐ Sexually Transmitted Disease
			☐ Congenital

Two specimens are required to make a definitive diagnosis of virus disease by serological means. The first specimen during the acute phase of illness and the second during convalescence.

A minimum of 2.5 ml of serum or 7.0 ml of clotted blood is desired for serology. Whole blood should be allowed to clot at room temperature, should contain no preservatives, should not be frozen and should be shipped promptly.

Specimens collected for virus isolation should be kept at 2–4°C and shipped within 24 hours if possible. DO NOT freeze specimens. Call (414) 286-3526 for additional information. All culture specimens are inoculated onto five cell types.

Put specimen in leak-proof container and label with patient's name. Place in plastic bag and attach this form to the outside of the bag.

For VIRUS / CHLAMYDIA CULTURE

Collection date:_____ Collection time:_____

Specimen:

☐ Throat Swab ☐ NP swab ☐ Stool / Rectal ☐ CSF

☐ Eye ☐ Sputum ☐ B.A.L. ☐ Urine ☐ Blood

☐ Lesion swab / site_____ ☐ Tissue / type _____ ☐ Genital swab / site _____ ☐ Other_____

Test Desired: ☐ Virus Culture ☐ Rotavirus EIA ☐ Chlamydia trachomatis culture ☐ Chlamydia pneumoniae culture

For VIRUS SEROLOGY *(Serums)*

☐ Complement fixation test: Acute (S1)_____ Date Convaslescent (S2)_____ Date Additional Serums _____ Date

☐ Varicella Immune Status:_____*(serum date)*

☐ Rubella Immune Status: _____*(serum date)*

☐ Measles Immune Status: _____*(serum date)*

TESTS DESIRED:

☐ Respiratory Panel (Adeno, Inf.A/B, Mycoplasma, RSV, Para)
☐ Exanthem Panel (ME, Rubella, Varicella, HSV, Cox B)
☐ C.N.S. Panel (Cox B, ME, MU, Var, HSV)
☐ Arbovirus (Summer only–mosquito borne viruses) (EEV, WEV, St. Louis, Calif.)

INDIVIDUAL ANTIGENS:

☐ Adenovirus ☐ Cytomegalovirus ☐ Enterovirus ☐ Herpes Simplex
☐ Measles ☐ Mumps ☐ Myco. pneumoniae-IgM ☐ Polio neutralization
☐ Psittacosis / LGV ☐ Rickettsia IFA ☐ Rubella ☐ Varicella-Zoster
☐ Other_____

RESULTS *(Do not write in this column)*

VIRUS / CHLAMYDIA ISOLATION

Monkey kidney cells _____
HEp-2 cells _____
Human foreskin cells _____
Human lung cells _____
Canine kidney cells _____
RD cells _____
Caco-2 cells _____
BGM cells _____
Vero cells _____
Rotavirus test _____
Adeno 40/41 test _____

(+ = positive; 0 = negative; ND = Not Done)

Positive for:

SEROLOGY TITERS

CF test:	***S1( )***	***S2( )***
Adenovirus		
Influenza A		
Influenza B		
Myco. Pneum.		
Resp. Syn.		
Para 1		
Para 2		
Para 3		
Coxsackie B		
Measles		
Mumps		
Varicella Zoster		
CMV		
Herpes Simplex		
Chlmyd / Psitt		

OTHERS:

. . . . . _____ _____
. . . . . _____ _____
. . . . . _____ _____
. . . . . _____ _____

SEROLOGY INTERPRETATION:

Active infection with_____
Recent infection with _____
Undetermined time with_____
Doubtful Significance ☐
No Interpretation ☐

(1) White – Client / Agency
(2) Yellow – Laboratory File
(3) Pink – Accounting

(TTY 414-286-2025)

Technologist

H-445 Virology 9/89 R 07/02