

California Encephalitis Project

Specimen Submittal Form

THIS FORM MUST BE COMPLETED AND SENT WITH THE SPECIMENS

Very Important: Please specify SPECIMEN TYPE and DATE of COLLECTION

Patient's last name, first name			Patient's mailing address (including Zip code)		Route to: <input type="checkbox"/> SERO <input type="checkbox"/> ISOL <input type="checkbox"/> FA <input type="checkbox"/> RAB <input type="checkbox"/> EM
DOB:	Sex (circle): M F	Onset Date:	County:		
Disease suspected or test requested: Encephalitis			This section for Virus Laboratory use only. Date received by VRDL and State Accession Number		
1 st	Specimen type and/or specimen source	Date Collected	1 st	<input type="checkbox"/> BE <input type="checkbox"/> LC <input type="checkbox"/> _____	
2 nd	Specimen type and/or specimen source	Date Collected	2 nd	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
3 rd	Specimen type and/or specimen source	Date Collected	3 rd		
4 th	Specimen type and/or specimen source	Date Collected	4 th		
5 th	Specimen type and/or specimen source	Date Collected	5 th		
			Carol Glaser, DVM, MD, Chief Viral and Rickettsial Disease Laboratory California Department of Public Health 850 Marina Bay Parkway Richmond, CA 94804 phone (510) 307-8585 fax (510) 307-8578		<input type="checkbox"/> E IgM <input type="checkbox"/> E PCR <input type="checkbox"/> H PCR <input type="checkbox"/> C PCR <input type="checkbox"/> _____ code:

Type or print submitter's complete mailing address above

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- Instructions for sample collection, storage and shipment are listed on the back of this form.
- The Encephalitis Case History form must be completed and submitted along with the above samples.

Submitting Physician: _____ Phone# (_____) _____

Submitting Facility: _____ Fax# (_____) _____

Instructions for Sending Specimens to the Encephalitis Project

- Each specimen should be labeled with **date of collection**, **specimen type**, and **patient name**.
- Complete specimen submittal form for each specimen being sent
- Specimens should be placed on at least a cold pack and swabs should be in viral transport media. If CSF is frozen, please send on dry ice. (All specimens may be sent on dry ice).
- Send specimens to:
**Specimen Receiving
Encephalitis Project
850 Marina Bay Parkway
Richmond, CA 94804**
- **Please do not send specimens on a Friday**. Freeze specimens over the weekend & send on Monday.
- Specimens should be sent using an overnight courier
- Specimen Types & Amounts:

Required Acute Specimens and Patient Information:

- CSF \geq 2 ml
- Acute Serum > 3 ml collected ASAP but no later than 7 days after onset
- Respiratory sample, e.g. ET aspirate, NP/throat swab (in viral transport media)
- Case history form and specimen submittal form – **REQUIRED !**

Recommended Specimen:

- Rectal Swab (in viral transport media) if patient has had GI symptoms

Required Convalescent Specimen

- Convalescent Serum > 3 ml collected between 14 – 21 days after onset.

If specimens cannot be delivered with 48 hours to the State Lab, freeze CSF, NP/throat, rectal swabs and send frozen. (Note: Blood may be centrifuged and the serum sent frozen in the same package.)

Coroner's cases: send the following tissue samples **FRESH FROZEN** brain (cross-sections of hippocampus, right & left cerebral , cerebellar cortexes and gray matter of brain stem), liver and lung.

TO SEND SPECIMENS:

- You may use a courier routinely used by your hospital
- If a courier is not available, please call 510-307-8608

If you have any other questions, please contact:
the Encephalitis Project: Phone (510) 307-8608
Pager (510) 641-5286