

## California Department of Public Health - Viral and Rickettsial Disease Laboratory

### Virus Isolate for Identification - Reference Examination

(see reverse side for submittal instructions and space for additional details)

Patient's Last Name, First Name:	Age or DOB	Sex	Occupation and/or travel history:
Disease Suspected:	Onset Date	Major Clinical Findings:	
Source of Specimen:	Date Collected		

Description of Material Submitted: <input type="checkbox"/> Frozen Isolate <input type="checkbox"/> Infected Cell Culture Monolayer <input type="checkbox"/> other (describe)	Cell Type and Passage Number:	Local Lab #	Date Received at VRDL and Laboratory Accession #

#### Method of Detection (Results of Local Laboratory)

Host and Passage History	Description of CPE	Days Post Inoc. CPE First Noted	Hemadsorption Test			Acid Liability Test Results	Other Results
			Type RBC Used	Days Post Inoc	Results		

#### Identification Methods Used by Local Laboratory

Specific Immune Serum/Conjugate Used	Method (Neut,CF,HI,IF,other)	Result	Sources of Immune Sera/Conjugate (Species, Manuf,Lot#)

#### Report of State Laboratory Findings

Host Used	Results	Report Date(s)
<input type="checkbox"/> Primary MK <input type="checkbox"/> Rhesus <input type="checkbox"/> Cynomologus <input type="checkbox"/> HFDK <input type="checkbox"/> HF DL <input type="checkbox"/> A549 <input type="checkbox"/> B95A  <input type="checkbox"/> _____  <input type="checkbox"/> _____	<input type="checkbox"/> Virus/Agent Identified:   <input type="checkbox"/> No Virus Agent found in material submitted.  <input type="checkbox"/> Efforts to identify this agent have been unsuccessful thus far. Further studies will continue	Preliminary Report          Final Report



## Instructions for Submission of Isolates for Identification

### Material Submitted:

Submit 2<sup>nd</sup> passage or higher of isolate.

Indicate full nomenclature and source of cell cultures used (use space below in insufficient room on the front).

Indicate all cell cultures attempted and cell passage of isolate (use space below in insufficient room on the front).

Describe type of cytopathic effect (CPE) such as:

Adenovirus	Picornavirus	Vaccinia
Cytomegalovirus	Reovirus	Varicella
Herpesvirus	Respiratory syncytial	other

Method of Detection and Identification in the Local Lab: If the original specimen is from the respiratory tract, please perform and record the results of the hemadsorption test using guinea pig RBC and acid lability test prior to submission to the State Laboratory.

### Transportation of Isolates for Identification:

#### 1) Transport of frozen cell culture isolate:

Retain original specimen in local laboratory. Submit only if requested by the State Laboratory

Retain some of the isolate and control cell culture at local laboratory

Submit 2 glass-sealed or screw-capped cryovials of infected cell culture suspension of virus isolate ((1.0 ml of 2<sup>nd</sup> passage or higher/ampule)

Ship frozen on dry ice.

#### 2) Transport of monolayer cell culture isolates:

Submit one or two infected monolayer culture tube(s) containing the unknown virus (CPE should be a 1+ or 2+ stage)

Submit one normal control cell culture tube from the same lot as the infected tube (enter information in space below)

To protect the cell culture tubes during transport, fill with maintenance medium to approximately 1/2 inch from the top of the tube. (Note: If culture tubes are hand-carried to the State Laboratory, it is not necessary to fill tubes with maintenance media.)

Ship infected and control monolayer tubes at ambient temperature.

Description of Normal Cell Culture Control Tube Submitted: (Should represent the same lot# as the infected tube.)	Date Received at VRDL and Laboratory Accession #

Additional Space for Major Clinical Findings, Travel History and Risk Factors

Additional Space for Description of Methods of Detection, Identification Methods Used and/or Other Comments/Observations