MDL Form VPP01 - Bacterial Sepsis/Meningitis PCR
Electronic Submittal Form Instructions

Use Lab Form VPP01 - Bacterial Sepsis/Meningitis PCR to submit sterile-site specimens for PCR testing for *H. influenzae*, *N. meningitidis* and *S. pneumoniae*. Use the following steps to enter information for the submission of each specimen.

**NOTE: We are unable to process samples with inadequate information.**

1. On page one, under “Select Test Requisition,” use the pull-down menu to select Lab Form “Bacterial Sepsis/Meningitis PCR-VPP01.” Provide all necessary information on page 1. For directions on how to fill out the fields on page 1, please refer to the “General Human Specimen Submission Page 1 Instructions” document.

2. For MDL form VPP01, it is **REQUIRED** that the following field be filled in:

   2.1. **Field 39 (Clinical History)**

3. Follow the instructions below to provide additional information on page 2 “Bacterial Sepsis/Meningitis-VPP01 – Additional Information.”

   3.1. Record Gram stain results performed directly from the specimen (e.g. CSF cytospin, blood culture bottle, etc.).

   3.2. Record date the specimen was cultured.

   3.3. Record the final culture results for the specimen and the date reported.

   3.4. **(NOTE: PCR will not be performed on a culture-positive specimen).**

   3.5. **CSF specimens ONLY**: Record the volume of CSF being submitted, as well as the WBC count, protein and glucose values from the CSF analysis.

   3.6. Mark whether antibiotics were received by the patient.

   3.7. If the answer to “e” is YES, mark whether antibiotics were given before or after specimen collection.

4. Please read the NOTE explaining the preferred and acceptable specimen types for this PCR assay.
5. Print the completed Lab Form VPP01 front to back. The document is formatted for 2-sided printing.

6. Packaging and shipping: The submitter is responsible for making sure that all samples are packaged and shipped according to the current federal and state packaging and shipping regulations for “Infectious substance, Category A” and/or “Biological substance, Category B”.

7. Additional considerations when submitting samples:

7.1. Label sample tube with at least two identifiers (i.e. the patient’s name, submitter lab number, date of birth) and the date collected.

7.2. Before shipment, insert the completed Lab Form VPP01 and all attachments between the inner and outer shipping containers.

7.3. Follow all other submission guidelines as described in the “General Specimen Submission Instructions” and guides located on the MDL Services and Test Catalog website.

7.4. If you have any questions regarding sample submission, call the MDL for guidance – 510-412-3700