Microbial Diseases Laboratory (CLIA ID No. 05D0643851) 850 Marina Bay Parkway, E164 | Richmond, CA 94804 | (510) 412-3700

Bordetella pertussis PCR Specimen Test Request

(Please complete required information as much as possible)

MDL USE	
accession number:	
received date:	

as mach as possible)	1	1		
Patient's name (last, first)	Age or DOB	Gender	Description of Specimen	
			Date collected	
Patient's address			Antibiotic used before specimen	
			collection?	
			☐ Yes ☐ No	
			If Yes , what and when was given?	
Vaccination history			Specimen culturing result	
(names of bacterial vaccines use	ed_use_date)		(if applicable)	
(names of pasterial vaccines as	ou, uso uuto,		(culture starting & reporting dates, & ID)	
Physician's Name			(cuitare starting a reporting dates, a 12)	
Phone Number				
Fax Number				
Submitter information			Type of specimen submitted and	
Name:			transport method	
ivanie.			(e.g., nasopharyngeal specimen swab	
Address:			dipped in Regan-Lowe medium)	
Phone number:				
Fax number:				
Disease onset date, clinical findings (e.g., duration of cough, presence of coughing spasms,				
inspiratory whoop, post-tussive vomiting, and response to antibiotic treatment), travel history				

Final Report of State Laboratory Investigation (Do not fill out below this line)

	Bordetella pertussis DNA detected by PCR		Specimen sent to CDC (additional typing)		
	Bordetella pertussis / bordetella holmesii DNA detected by PCR		Inadequate specimen for testing (Please submit a new sample)		
	Bordetella pertussis / bordetella holmesii NOT DNA detected by PCR		No exam made		
Comments					
Disclaimer The PCR tests were developed and their performance characteristics determined by the Microbial Diseases Laboratory of the California Department of Public Health. The tests have not been approved by the U.S. Food and Drug Administration.					
Re	port approved by:	Da	ite:		

State of California--Health and Human Services Agency

California Department of Public Health

MDL-VPP-Form03 (Revised 7/29/2016)