

Date Received\_

INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES 550 W. 16<sup>TH</sup> STREET, SUITE B INDIANAPOLIS, IN 46202 (317) 921-5860

Section 1. Patient Demograp				
ast Name	First Name	Мі	Age	☐ Male ☐ Female
Street Address	City / County of Res	idence	State	ZIP Code
Section 2. Physician Informa	tion			
Physician Last Name	First Name			
Street Address	City / County of Res	sidence	State	ZIP Code
Section 3. Specimen Informa	tion			
Specimen Source:				
☐ Nasopharyngeal NP (required for	PCR testing)	nen type, list here		
Date of Collection/				
Anti-microbial therapy began:	☐ YES ☐ NO Drug used		Start Date	
specimens refrigerated prior to ship	ment?	hours	□ №	
Section 4. Submitter Informa	tion			
Submitting Organization				
elephone	Fax		E-mail	
Address				
City	State		ZIP Co	de
Submitter comments				

Lab Number \_\_\_\_\_

# PERTUSSIS REQUEST FORM INSTRUCTIONS

- 1. Fill out completely the request form. This would include all patient, physician, specimen and submitter information.
- 2. TYPE OR PRINT CLEARLY.

### SPECIMEN COLLECTION AND TRANSPORT

### PLEASE COLLECT TWO SWABS FROM EACH PATIENT (USE ONE SWAB FOR EACH NOSTRIL)

- 1. Gently pass each swab through the nostril into the nasopharynx until resistance is felt. Rotate the swab for several seconds before withdrawing.
- 2. Place one of the **plastic-shaft/flocked** swabs into the empty plastic tube; break off the shaft to fit the swab into the tube and re-cap tightly. *Label the tube with patient name & date of collection*.
- 3. Place the other **plastic-shaft/flocked** swab into the tube containing the semisolid Regan Lowe transport medium. Immerse the swab head completely into the medium and break off the shaft to fit the swab into the tube and re-cap tightly. *Label the tube with patient name & date of collection*
- 4. Do not use the transport medium tube if expired, broken, or contaminated.
- 5. Do not substitute with an improper transport medium.
- 6. Do not substitute with a different nasopharyngeal swab type.
- 7. Specimens received without the patient name on the tube or without the collection date will not be tested.
- 8. When ready to ship, wrap both labeled specimen tubes with absorbent material and place into the metal container and secure the screw cap tightly.
- 9. Fold the completed patient submission form in half and roll it around the metal container. Insert both into the outer cardboard container and securely tighten the screw cap before mailing.
- 10. For accurate and timely results, send the specimen to the laboratory by an **Overnight Delivery Method**. Transportation at ambient conditions is acceptable.

#### Note:

**<u>Do not</u>** mail collected specimens for testing if it's expected to be delivered on a Saturday, Sunday, or a Holiday. Hold refrigerated as directed below.

## IF IMMEDIATE SHIPPING IS IMPOSSIBLE OR DELAYED

- 1. Hold both of the collected swab specimens at refrigerated temperature, (5°C-15°C) until ready to mail/ship.
- 2. Do not freeze specimens.