



# SURVEILLANCE SEROLOGY REQUEST HIV, HEPATITIS B/C, SYPHILIS SAMPLE SUBMISSION

State Form 53762 (R / 7-12)  
CLIA Certified Laboratory #15D0662599

INDIANA STATE DEPARTMENT OF HEALTH  
LABORATORIES  
550 W. 16<sup>TH</sup> STREET, SUITE B  
INDIANAPOLIS, IN 46202-2203  
(317) 921-5858

## Section 1. Patient Demographics

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient ID \_\_\_\_\_ OPSCAN \_\_\_\_\_ Address (number and street, city) \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

### Race:

- ☐ Asian  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander

- ☐ White  
☐ Multiracial  
☐ Other  
☐ Unknown

### Ethnicity:

- ☐ Hispanic or Latino ☐ Not Hispanic or Latino  
☐ Unknown

### Sex:

- ☐ Male ☐ Female ☐ Unknown  
Pregnant ☐ Yes ☐ No

## Section 2. Specimen Information

☐ Blood ☐ Serum ☐ Oral Fluid ☐ CSF Date collected \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 3. Test Selection

- ☐ HIV Screening ☐ HIV Confirmatory (For previous rapid test positive only. Date of test \_\_\_\_/\_\_\_\_/\_\_\_\_)  
☐ Hepatitis B ☐ Hepatitis C  
☐ Perinatal Hepatitis B (☐ Immunized infant born to prenatal positive mother ☐ Household/Sexual contact)  
☐ Syphilis Screening ☐ Syphilis Confirmatory

## Section 4. Reason for Test

☐ Refugee Screening ☐ Correctional Screening ☐ Injection Drug User ☐ Outbreak Investigation

Hepatitis: ☐ Immune status (☐ Patient ☐ Staff ☐ Post Exposure)

☐ Recent Infection ☐ Exposure ☐ Suspected carrier

Syphilis: ☐ Screening ☐ Prenatal Screening ☐ Follow-up

## Section 5. Submitter Information

Submitting Organization \_\_\_\_\_ Staff Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Address (number and street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

HIV Label

Syphilis Label

Hepatitis Label

## SPECIMEN COLLECTION

1. Submit at least 3ml of serum in a screw-capped serum tube. Alternatively, collect at least 7-10ml of whole blood in a red top venipuncture or serum separator tube. Label the specimen tube with patient identifier and collection date. Specimens without a patient ID or collection date will be considered unsatisfactory and will not be tested.
2. Patient ID and collection date must match those recorded on the specimen tube. Any incomplete information will cause significant delays in receiving results.
3. Complete all sections 1 through 5 on the reverse side of this form in ink, ensuring that the patient information on the specimen tube matches the information on the entry. The submitter fax number to which the results are to be sent *must* be included, as well as the requested test type. Specimens lacking complete information will not be tested.

## SPECIMEN PACKAGING AND SHIPMENT

**Note: Specimens should be refrigerated at 4°C if held prior to shipping.**

**Serum or whole blood in serum separator tubes may be shipped at ambient temperature. Shipping whole blood in red top tubes at ambient temperature may result in hemolysis and a specimen unsatisfactory for testing.**

1. Use a UN3373 Biological Substance, Category B shipping container or container 1B HIV, 5B Syphilis or 11B Hepatitis, containers provided by ISDH. ISDH containers may be obtained by telephoning (317) 921-5875.
2. The specimen should be wrapped in absorbent material and then placed in a secondary leak proof packaging.
3. Place the submission form in the outer container or in a plastic bag to prevent contamination from specimen. The secondary packaging and paperwork should be placed in a rigid outer packaging, which should be labeled with the designation "UN3373 Biological Substance, Category B". The package must also be labeled with both the sender's and consignee address and telephone numbers, and also the name and telephone number of the party responsible for shipping the package.
4. Complete the appropriate shipping label and affix to the outer mailer with a return address and all appropriate shipping labels. Specimens may be shipped via private service, such as, UPS or Fed Ex, or USPS.
5. Specimens should be shipped to arrive at ISDH Monday through Friday. Shipping specimens which will be in transit during the weekend or holiday is not recommended.
6. All patient specimens should be packaged and labeled in accordance with federal shipping regulations, using Biological Substance, Category B. Please use the above packing instructions to assure compliance with both private carrier and D.O.T. shipping regulations and to minimize breakage and leakage of the specimen. Broken or leaking specimens present a biohazard and cannot be tested.
7. Specimens submitted by courier should be packaged securely to prevent breakage. Loose specimens in Ziploc bags increase the chance of breakage and biohazard. Broken or leaking specimens present a biohazard and cannot be tested.

**Note: ALL serology specimens must meet the following timeline requirements or they will **NOT** be tested by ISDH Labs:**

- 1) HIV, Hepatitis C, and syphilis serology specimens must be received in the ISDH Lab by 10:00 am on the fifth calendar day after collection.
- 2) Hepatitis B serology specimens must be received in the ISDH Lab within forty-eight (48) hours after collection.
- 3) HIV OraSure specimens must be received in the ISDH Lab by the fourteenth calendar day after collection and before the date of expiration on the media.

Please Note: If a specimen is frozen as serum or Orasure and remains frozen in transit, then the timeline requirements are extended.