Instructions for Submission of Specimens for Measles/Mumps Testing at NYC Public Health Laboratory

1. Complete the requisition form

- No specimen will be tested without a completed "Laboratory Test Request" form.
- EACH SPECIMEN requires its own form.
  - For example, if you are submitting a blood and a swab specimen for the same patient, you need to complete TWO forms, one for each specimen.
- All starred (*)/red highlighted fields are REQUIRED.
  - Failure to complete all required fields will result in rejection and the specimen will not be tested.
- Place the form inside the outer pouch of the specimen bag.
- There should only be one specimen and one form per bag.

2. Collect the proper specimen

- Blood specimens for serology (IgM/IgG testing)
  - Acceptable collection tubes
    - Red top tubes
    - Red Speckled top tubes
    - Gold top tubes
  - Do not collect blood in plasma tubes. Plasma is not an acceptable specimen for this assay.

- Swabs for virus identification (PCR)
  - Swabs must be: synthetic (non-cotton) placed in liquid, viral transport medium (VTM).
    - Collection kits for influenza PCR testing are suitable for these specimens.
    - Swabs NOT in VTM are NOT acceptable.
  - Collect a nasopharyngeal swab for measles.
  - Collect a buccal swab for mumps (massage parotid gland for 60 seconds first).
  - Poor specimen collection will reduce sensitivity of detection of the virus!

3. Label the specimen

- Failure to properly label the specimen will result in rejection and the specimen will not be tested.*
- Specimen tubes MUST be labeled with the patient's:
  - Full Name
  - Date of Birth
  - Please include the Date of Collection
- All information on the specimen label must EXACTLY MATCH the information on the Laboratory Test Request form, including the spelling of the patient's first and last names.

4. Specimen handling

- Keep specimens refrigerated while awaiting transport.

Label Tubes With: Full Name, DOB, Collection Date

New York City Department of Health and Mental Hygiene
PUBLIC HEALTH LABORATORY
Jennifer Rakeman, Ph.D., Assistant Commissioner
455 First Avenue, New York, NY 10016
NYS CLEP PERMIT #: PFI 3849 CLIA #: 33D0679872

LABORATORY TEST REQUEST
Microbiology Section: Tel 212-447-6783 Fax 212-447-8258
Virology Section: Tel 212-447-2864 Fax 212-447-2877

PHL USE ONLY

- **Failure to complete all required (*) fields may result in specimen being rejected**
- **Spelling of patient name and DOB on form must exactly match that on specimen container**
- **Complete a separate requisition form for each specimen**

PATIENT INFORMATION

***Required Information**

LAST NAME*	**FIRST NAME***	MIDDLE INITIAL	SUFFIX
DATE OF BIRTH* **(MM/DD/YYYY)**	**GENDER*** ☐ Male ☐ Female ☐ Data Not Available ☐ Not Applicable		
PATIENT ID NUMBER	PATIENT MEDICAL RECORD NUMBER*		
ADDRESS*	CITY*	STATE*	ZIP*
TELEPHONE	PHYSICIAN (If not submitter include contact info)		

SUBMITTER INFORMATION

NAME OF SUBMITTING HOSPITAL, LABORATORY, or OTHER FACILITY*		PROVIDER ID NUMBER	
PRIMARY CONTACT, or PHYSICIAN	LAST NAME*	FIRST NAME*	
ADDRESS (including bldg, and room)*	CITY*	STATE*	ZIP*
TELEPHONE*	PAGER/CELL*	FAX	

SPECIMEN INFORMATION

DATE OF COLLECTION* (MM/DD/YYYY)	TIME OF COLLECTION (00:00): ☐ AM ☐ PM
REASON FOR SUBMISSION* ☐ OUTBREAK ☑ DOHMH REQUEST (if checked, complete A and B below)	
A. DOHMH BUREAU BOI	DOHMH INVESTIGATION CODE:
B. DOHMH CONTACT — LAST NAME Iwamoto	FIRST NAME Martha

MEASLES

	SEROLOGY	VIRUS IDENTIFICATION
TEST	☐ Measles IgG ☐ Measles IgM	☐ Measles by PCR
SPECIMEN	☐ Blood Tube	☐ Swab-Viral Transport Media ☐ Swab-Universal Transport Media
SOURCE	☐ Blood ☐ Serum	☐ Nasopharynx ☐ Throat

MUMPS

	SEROLOGY	VIRUS IDENTIFICATION
TEST	☐ Mumps IgG ☐ Mumps IgM	☐ Mumps by PCR
SPECIMEN	☐ Blood Tube	☐ Swab-Viral Transport Media ☐ Swab-Universal Transport Media
SOURCE	☐ Blood ☐ Serum	☐ Buccal ☐ Oropharynx

For DOH Use: ☐ SEND OUT TEST

Separate forms must be completed for blood and swab specimen
Test, specimen and source section must be completed for the specimen submitted