



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.



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PUBLIC HEALTH LABORATORY
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PHL USE ONLY

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

- 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* <input type="checkbox"/> Male <input type="checkbox"/> Female			
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): <input type="checkbox"/> AM <input type="checkbox"/> PM			
REASON FOR SUBMISSION* <input type="checkbox"/> OUTBREAK <input type="checkbox"/> DOHMH REQUEST (if checked, complete A and B below)					
A. DOHMH BUREAU BOI				DOHMH INVESTIGATION CODE:	
B. DOHMH CONTACT	LAST NAME Rosen		FIRST NAME Jennifer		

MEASLES

	SEROLOGY	VIRUS IDENTIFICATION
TEST	<input type="checkbox"/> Measles IgG <input type="checkbox"/> Measles IgM	<input type="checkbox"/> Measles by PCR
SPECIMEN	<input type="checkbox"/> Blood Tube	<input type="checkbox"/> Swab-Viral Transport Media
SOURCE	<input type="checkbox"/> Blood <input type="checkbox"/> Serum	<input type="checkbox"/> Nasopharynx <input type="checkbox"/> Throat

MUMPS

	SEROLOGY	VIRUS IDENTIFICATION
TEST	<input type="checkbox"/> Mumps IgG <input type="checkbox"/> Mumps IgM	<input type="checkbox"/> Mumps by PCR
SPECIMEN	<input type="checkbox"/> Blood Tube	<input type="checkbox"/> Swab-Viral Transport Media
SOURCE	<input type="checkbox"/> Blood <input type="checkbox"/> Serum	<input type="checkbox"/> Buccal <input type="checkbox"/> Oropharynx

For DOH Use: SEND OUT TEST

Separate forms must be completed for blood and swab specimens.