



Naval Infectious Diseases Diagnostic Laboratory
503 Robert Grant Avenue, Silver Spring, MD 20910



Test Request Form

Tests Requested (Check all that apply) see "Basic Guide" for instructions on sample collection/storage.

- Chikungunya and Dengue PCR (Red top or EDTA tube)
- Lyme ELISA (SST or red top tube)
- Rickettsia PCR (EDTA tube, biopsy)
- MERS-CoV PCR (Red top, stool, sputum, nasopharyngeal swab, lower respiratory aspirate/wash)
- H7N9 PCR (Sputum; Swab: nasal, throat or nasopharyngeal; Aspirate/wash: respiratory tract)
- FLU A/B PCR (Swab: nasal, throat or nasopharyngeal swab)

Type of Specimen(s) (Ensure patient ID is on label; no additional preservative)

- Whole blood/serum/plasma (No. of tubes _____) Please do not freeze whole blood.
- Biopsy (No. of tubes _____) (i.e. eschar, rash, etc.)
- Swab/aspirate/wash (Organ: _____, No. of tubes _____)

Patient Identification	Contact Information
Patient Stamp <u>must include</u> Full Name*, FMP*/SSN*, DOB* Ship Date: _____ Sample Storage (circle) Frozen / Refrig Sample Shipping (circle) Dry Ice / Cold pack / Ambient Specimen Draw Date/Time*: _____ *Required Onset date: _____	Physician Name* _____ Clinic/Center* _____ Address* _____ _____ _____ Telephone Number _____ Fax Number _____ E-mail _____

Ship To:
Susana Widjaja
Room 3W20
Naval Infectious Diseases Diagnostic Laboratory
503 Robert Grant Avenue, Silver Spring MD, 20910

Processing Lab (For internal Use only)		
NIDDL No.	Date Received	Quantity/Type Received/Initials