



Naval Infectious Diseases Diagnostic Laboratory
503 Robert Grant Avenue, Silver Spring, MD 20910
Telephone/Fax: (301) 319 7150 / (301) 319 7451



Test Request Form

Tests Requested (*check all that apply*): See "Test Information and Instructions" for instructions on specimen collection and storage. TAT= 1-4 business days.

- | | |
|--|--|
| <input type="checkbox"/> Rickettsia PCR (whole blood EDTA, eschar) | <input type="checkbox"/> Dengue IgM ELISA (serum) |
| <input type="checkbox"/> Zika IgM ELISA [†] (serum) | <input type="checkbox"/> Lyme Ab IgM and IgG (serum) |
| <input type="checkbox"/> Dengue/Chikungunya RT-PCR (serum) | |
| <input type="checkbox"/> Zika RT-PCR (serum or plasma, and urine that must be submitted together with serum or plasma) | |
| <input type="checkbox"/> Influenza A/H7N9 RT-PCR (sputum; swab: nasal, throat, nasopharyngeal; aspirate/ wash from resp. tract) | |
| <input type="checkbox"/> MERS-CoV RT-PCR (serum, stool, sputum, nasopharyngeal and/or oropharyngeal swab, aspirate/ wash from lower respiratory tract) | |
| <input type="checkbox"/> Influenza A/B RT-PCR (sputum; swab: nasal, throat, nasopharyngeal; aspirate/ wash from resp. tract) | |
| <input type="checkbox"/> RSV (nasopharyngeal swab) | <input type="checkbox"/> Anti-SARS-CoV-2 ELISA (IgG) (serum) |
| <input type="checkbox"/> COVID-19 or SARS-CoV-2 RT-PCR (nasopharyngeal and/or oropharyngeal swab (can combined into one), nasal wash/aspirate, sputum, tracheal aspirate, bronchoalveolar lavage) | |
| <input type="checkbox"/> Non-variola Orthopoxvirus RT-PCR (at least 2 dry swabs of the lesions) | |
| <input type="checkbox"/> Warrior Panel: Ebola virus, Marburg virus, <i>Bacillus anthracis</i> , <i>Yersinia pestis</i> , <i>Francisella tularensis</i> , and <i>Coxiella burnetii</i> (whole blood EDTA) | |
| <input type="checkbox"/> Respiratory Panel 2.1 / Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), Human metapneumovirus, Human rhinovirus/enterovirus, Influenza A virus, Influenza A virus A/H1, Influenza A virus A/H3, Influenza A virus A/H1-2009, Influenza B virus, Parainfluenza virus 1, Parainfluenza virus 2, Parainfluenza virus 3, Parainfluenza virus 4, Respiratory syncytial virus (RSV), <i>Bordetella parapertussis</i> , <i>Bordetella pertussis</i> , <i>Chlamydia pneumoniae</i> , and <i>Mycoplasma pneumoniae</i> . (nasopharyngeal swab) | |

[†] Zika PRNT is a reflexed testing of inconclusive, equivocal or positive Zika IgM results. TAT= 1-3 weeks after Zika IgM is done.

Please circle the type of specimen(s) that apply. Ensure patient ID is on the specimen container(s).

All fields are mandatory	
Patient ID: Full Name, FMP/ SSN (last four), Gender, DOB _____ _____ Travel Location, Date _____ _____ Onset Date _____ Specimen Draw Date _____ Specimen Storage (<i>circle</i>): Frozen/ Refrig Ship Date _____ Shipping (<i>circle</i>): Dry Ice/ Cold Pack/ Ambient	Physician Name _____ Clinic/Center _____ Address _____ _____ Telephone Number _____ Fax Number _____ E-mail _____

Ship To:
 Naval Infectious Diseases Diagnostic Laboratory (NIDDL)
 (phone: 301-319-7150; email: usn_detrick.nmrc.list.didd-dsd-niddl@health.mil)
 503 Robert Grant Avenue, Room 3N60, Silver Spring MD, 20910

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