



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

- Rickettsia PCR (whole blood EDTA, eschar) Dengue IgM ELISA (serum)
- Zika IgM ELISA[†] (serum) Lyme Ab IgM and IgG (serum)
- Dengue/Chikungunya RT-PCR (serum)
- Zika RT-PCR (serum or plasma, and urine that must be submitted together with serum or plasma)
- Influenza A/H7N9 RT-PCR (sputum; swab: nasal, throat, nasopharyngeal; aspirate/ wash from resp. tract)
- Influenza A/H5 RT-PCR (nasopharyngeal swab)
- MERS-CoV RT-PCR (serum, stool, sputum, nasopharyngeal and/or oropharyngeal swab, aspirate/ wash from lower respiratory tract)
- Influenza A/B RT-PCR (sputum; swab: nasal, throat, nasopharyngeal; aspirate/ wash from resp. tract)
- RSV (nasopharyngeal swab) Anti-SARS-CoV-2 ELISA (IgG) (serum)
- 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)
- Non-variola Orthopoxvirus RT-PCR (at least 2 dry swabs of the lesions)
- Warrior Panel: Ebola virus, Marburg virus, *Bacillus anthracis*, *Yersinia pestis*, *Francisella tularensis*, and *Coxiella burnetii* (whole blood EDTA)
- 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), *Bordetella parapertussis*, *Bordetella pertussis*, *Chlamydia pneumoniae*, and *Mycoplasma pneumoniae*. (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.

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



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



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