



Submit Sample(s) to:
 MN Public Health Laboratory
 Infectious Disease Lab
 601 Robert St. N
 St. Paul, MN 55155

Phone (651) 201-4538
 Fax (877) 694-4502
 Specimen Receiving (651) 201-4242
 CLIA# 24D0651409

Condition: *MDH Lab Use Only*
 Ambient
 Refrigerated
 Frozen
 Barcode Label

Vaccine Preventable Disease (VPD) Project 1712 Form

* Required Fields

Submitter

*Submitting Facility: _____

*Address: _____

City: _____ State: _____ Zip: _____

Name of Person Filling Out Form: _____

Phone # for questions/alert values: _____

State of Submitting PHL: _____

Project Number: 1712

Patient

*Last Name: _____

*First Name: _____ MI: _____

County: _____ State: _____

Patient MRN #: _____

*DOB (mm/dd/yyyy): _____

Sex: _____ Race: _____

Male American Indian/Alaska Native
 Female Asian
 Other or Unknown Black
 Ethnicity: Native Hawaiian/Pacific Islander
 Hispanic/Latino White
 Non-Hispanic/Latino Other not listed
 Not Provided Unknown/Not Provided

Specimen

Submitter Sample ID: _____

*Date of Collection (mm/dd/yyyy): _____

Time of Collection (##:##): _____ AM PM

*Source:

| | | |
|-----------------------|------------------------|----------------|
| BAL | NP aspirate | Swab |
| Blood | Scab/lesion | Buccal |
| CSF | Urine | Nasal |
| Nasal Wash | Extracted nucleic acid | Nasopharyngeal |
| Other, specify: _____ | | Throat |

Test Information

Submitting Lab Results

Culture: _____ Serology IgM: _____

PCR (include Ct): _____ Serology IgG: _____

Test Requested

| Isolate | Specimen |
|--|--|
| Bordetella species PCR (BORDPCR) | Bordetella species PCR (BORDPCR) |
| Haemophilus influenzae Serotyping PCR - Isolate (HFLUSERO) | Haemophilus influenzae PCR (HFLUPCRS) |
| Measles Virus RT-PCR (MEVPCR) | Measles Virus RT-PCR (MEVPCR) |
| Measles Vaccine Assay RT-PCR (MEVAPCR) | Measles Vaccine Assay RT-PCR (MEVAPCR) |
| Measles Virus Genotyping (MEVGENO) | Measles Virus Genotyping (MEVGENO) |
| Mumps Virus RT-PCR (MUVPCR) | Mumps Virus RT-PCR (MUVPCR) |
| Mumps Virus Genotyping (MUVGENO) | Mumps Virus Genotyping (MUVGENO) |
| Neisseria meningitidis Serotyping PCR - Isolate (NMENSERO) | Neisseria meningitidis PCR Specimen (NMENPCRS) |
| Rubella Virus RT-PCR (RUVPCR) | Rubella Virus RT-PCR (RUVPCR) |
| Rubella Virus Genotyping (RUVGENO) | Rubella Virus Genotyping (RUVGENO) |
| Varicella-zoster Virus PCR (VZV_PCR) | Varicella-zoster Virus PCR (VZV_PCR) |
| Varicella-zoster Virus Genotyping (VZVGENO) | Varicella-zoster Virus Genotyping (VZVGENO) |

Patient Information

*Was patient vaccinated for tested disease?
 Yes No Unknown

If YES: date of last vaccination: _____

Vaccine Type:

| | |
|-------|-----------|
| MMR | Tdap |
| DTap | PPSV23 |
| PCV13 | MSPV4 |
| MCV4 | Varicella |
| MMRV | Hib |

Symptoms: _____

Date of symptom onset: _____

Date of rash onset: _____

Antibiotic treatment: _____

Cough duration: _____

Submitting lab comments: _____

Test and Epidemiology Information

For questions or packing and shipping information please contact MN VPD submissions: health.vpd.submissions@state.mn.us

<https://www.health.state.mn.us/diseases/idlab/vpd.html>