

THE OREGON STATE PUBLIC HEALTH LABORATORY



COURIER SYSTEM HANDBOOK

Updated October 2015

TABLE OF CONTENTS

Transporting most specimens using the OSPHL courier service	3
Preparation of specimen.....	3
Prepare the transport manifest	4
Prepare specimens for shipping.....	5
Preparation of transport container.....	6
Additional transport requirements.....	8
For Category A specimens.....	8
For known and suspected select agents.....	8
For QFT specimens.....	8
For rabies specimens.....	9
For additional information.....	9
Laboratory closures.....	9
Frequently asked questions	10
Attachment 1A – Virology request form	11
Attachment 1B – General microbiology request form	12
Attachment 1C – HIV request form	13
Attachment 2 – Transport manifest.....	14

TRANSPORTING MOST SPECIMENS USING THE OSPHL COURIER SERVICE

OBJECTIVE: To ensure that laboratory specimens shipped using the OSPHL courier service are appropriately prepared and transported from your facility to the OSPHL.

1. Preparation of specimens
2. Preparation of requisitions
3. Preparation of transport manifest
4. Preparation of transport container

This section applies to specimens classified as Category B. For more information about Category A specimen transport, please see Additional Transport Requirements.

NOTE: For locations sending orders using an electronic interface, steps marked with an asterisk (*) may be different for you. Please refer to your location's internal procedures for additional information.

PREPARATION OF SPECIMEN

1. Collect and label your specimens. Each specimen must be clearly labeled with **two** unique identifiers. Acceptable identifiers are:
 - a. Full patient name
 - b. Specimen bar code label from the test requisition form
 - c. Patient ID/chart number
 - d. Date of birth

You may use your own label or use the bar code label from the bottom of the test requisition form and write in the second patient identifier (PT ID).

2. Be sure to **leave a window** so that the expiration date and contents can be seen.

E.g.: Areas outlined below on Chlamydia/Gonorrhea (CT/GC) tubes must remain uncovered.



When using the urine CT/GC transport tube, the black fill lines must be left visible.



3. Complete the appropriate test requisition form filling in all required fields (see Attachments 1 A-C for examples of all requisitions).*
4. Maintain at the appropriate temperature for the specimen type until the specimen will be packaged and transported. Information is available at the OSPHL website <http://www.healthoregon.org/labtests>.

PREPARE THE TRANSPORT MANIFEST

5. Create one manifest for each day of shipping*. If you need more than one manifest sheet per day, number each page in the space provided at the bottom of the manifest and staple together (see Attachment 2 for example).
6. Write the shipping date.
7. Place one of the site ID bar codes in the space labeled “Facility Name” of each manifest sheet.
8. Write the name and phone number of a contact person should the OSPHL have any questions about the shipment.
9. Place one bar code from the bottom of each test requisition on the lines provided in the “Item Bar Code” columns.

PREPARE SPECIMENS FOR SHIPPING

10. Place the primary leak-proof specimen container(s) associated with a single test requisition* in the provided leak-proof specimen transport bag containing a biohazard symbol along with sufficient absorbent.
11. Fold the test requisition for the specimen(s) in half and place it in the outer pocket specimen transport bag with the barcode facing out.*

0906265848

VIROLOGY/IMMUNOLOGY REQUEST
 Oregon State Public Health Laboratory
 P.O. Box 275, Portland, OR 97207-0275
 Information: 503-693-4100

PATIENT INFORMATION
 Patient and name: Doe, Jane
 Date of birth (mm/dd/yyyy): 01/01/1991
 Sex: Female Male
 Patient ID/Chart number: 12345
 Race: American Indian or Alaska Native Asian Hispanic or Latino Black or African American Native Hawaiian or Other Pacific Islander White Unknown Declined
 Ethnicity: Multi-race Other Unknown Declined

Substituting facility:
 Example Clinic
 123 Test St
 Portland, OR 97201

Ordering physician:
 Smith, John MD
 Contact number: 111-111-1111

PATIENT INSURANCE INFORMATION
 Insurance/Health plan name: Sample Insurance
 Policy no./Member ID: ABC123
 Group ID: 0123
 Diagnostic/ICD-9 code for test: 00.0

Present street address:
 123 N Example Ln
 City: Portland State: OR ZIP: 97201

County of residence: Multnomah

Date of collection: 01/01/2015 Outbreak number: Study

SPECIMEN INFORMATION
 Specimen source: Blood Oral Fluid NP Swab Stool Serum Other

Weight (oz) (mm/dd/yyyy):

TESTS REQUESTED:

PREPARATION OF TRANSPORT CONTAINER

12. Check the handling instructions for each specimen, especially the transport temperature. Information is available at the OSPHL website <http://www.healthoregon.org/labtests>. Include the necessary supplies to ensure your specimens ship at the proper temperature (ice packs, etc).

Note: The pre-printed labels on the red exterior of the box help your organization comply with sending specimens only classified as Category B to the OSPHL.

For room temperature specimens:

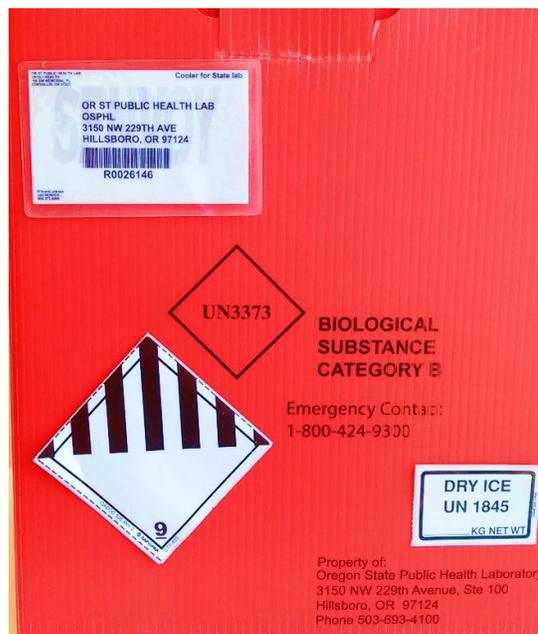
- a. Place the room temperature specimens in the inner compartment.
No special packaging is required.

For refrigerated specimens:

- a. Add 2-3 fully frozen large gel packs to the inner compartment.
Please note, when experiencing abnormally hot temperatures, additional gel packs may be necessary.
- b. Place 4-6 paper towels on top of the gel packs.
- c. Place the refrigerated specimens on top of the paper towels.

For frozen specimens:

- a. Place the completely frozen specimens in the inner compartment.
- b. Add enough dry ice for your transport time (5 lbs is normally sufficient).
- c. Label the front of container as shown. Write in the amount of included dry ice in kg. Please contact the OSPHL should you require labels.



Single insulated cooler



Double insulated cooler



There are two different styles of transport coolers. Single insulated coolers can be used for one temperature range, while each side of double insulated coolers can be used for different temperature ranges. This allows you to transport specimens with different transport temperatures within one box, e.g. blood tubes which require 2-8° C (35.6-46.4°F) and QuantiFERON® (QFT) tubes which require room temperature 17-27°C (63-81°F).

13. When all the specimens have been prepared as detailed above, put the lid on the insulated inner container.
14. Place the transport manifest on top of the Styrofoam cooler lid. Close the cardboard flaps on top of the manifest.
15. Close the red external transport container. The Velcro will keep it closed during transport.
16. Remove the address card from the shipping sleeve on the transport container. Reverse the address card so that the address for the OSPHL is displayed and place the card back in the sleeve.

ADDITIONAL TRANSPORT REQUIREMENTS

FOR CATEGORY A SPECIMENS

To ship specimens known or suspected to be classified as Category A with the OSPHL courier, you **must** have current Division 6.2 infectious substance shipping training in accordance with DOT and IATA regulations and requirements. A list of organisms indicative of Category A substances can be found on table 3.6.D here:

<http://www.iata.org/whatwedo/cargo/dgr/Documents/infectious-substance-classification-DGR56-en.pdf>, current as of January 1, 2015. This list is subject to change.

Use an appropriately labeled and UN certified Category A shipping container and include all proper documentation. Your site's normal red transport boxes marked for Category B (UN 3733) shipping cannot be used to transport known or suspected Category A specimens.

Examples of appropriate packaging labeling of specimens classified as Category A can be found on the OSPHL website:

<http://public.health.oregon.gov/LaboratoryServices/SubmittingSamples/Pages/ShippingTransport.aspx>.

Please contact the OSPHL for more information at 503-693-4100.

FOR KNOWN AND SUSPECTED SELECT AGENTS

Please notify the OSPHL before shipping when submitting suspected or known select agents. The OSPHL cannot accept *some known* select agents. The list of select agents can be found here:

<http://www.selectagents.gov/SelectAgentsandToxinsList.html>

FOR QFT SPECIMENS

Please notify the OSPHL before shipping, even if you have a scheduled pickup. If you need an additional pickup to maintain the 16 hour viability window, please contact the OSPHL, ideally 1 day before drawing the specimen.

FOR RABIES SPECIMENS

Please notify the OSPHL before shipping. Please do not use the regular transport container. Use a separate insulated container and follow the direction as stated in the OSPHL Lab Test Menu at

<http://www.healthoregon.org/labtests>.

The direct link to the Rabies listing is:

<http://public.health.oregon.gov/LaboratoryServices/Pages/test.aspx?TestID=432>.

FOR ADDITIONAL INFORMATION

Please call the OSPHL at 503-693-4100.

LABORATORY CLOSURES

Each site will be contacted via fax prior to the OSPHL closures. Routine pickups on days that the OSPHL is closed will be cancelled and not automatically rescheduled. Some specimens may not be accepted the day before a holiday closure. This information will be included on closure notices. Should you need an additional pickup or have any questions, please contact us at 503-693-4100.

FREQUENTLY ASKED QUESTIONS

Q: How do I transport a specimen for _____ testing?

A: Check our website at <http://www.healthoregon.org/labtests>. If you are still unsure, please contact us at 503-693-4100.

Q: I have specimens that need to be picked up. How do I arrange this?

A: Please contact us at 503-693-4100 and we will arrange for courier service. Requests for specimen pick up need to be made to the OSPHL, not directly to the courier.

Q: Can I use the same virology request form to order multiple tests for the same patient?

A: Multiple blood tests can be ordered on one virology requisition. Only one type of Chlamydia/gonorrhea specimen source can be ordered per request form. Please use a different request form for each Chlamydia/gonorrhea specimen source.

Q: I don't have any transport boxes at my site and I have specimens to send.

A: Please contact us at 503-693-4100 and we will have the courier bring you a box. Do not send specimens without a transport box.

Q: How can I send specimens which require different temperature ranges?

A: You can send two insulated boxes with the courier. If you only have one box, please contact us at 503-693-4100. If your site often sends specimens that require different temperatures, we can set your site up with a double insulated cooler. Each side can be used for a different temperature range.

Q: Our courier hasn't come yet and we are closing soon.

A: Please contact us at 503-693-4100 and we can let you know an estimated time that they will be arriving.

Q: How can I change the days of our regular pickups?

A: Please contact us at 503-693-4100 and we can work with your site to find an ideal schedule.

Q: How do I get trained to properly package and ship specimens?

A: Free, online training is available from the CDC at www.cdc.gov/labtraining. Just register for a free CDC TRAIN account. In addition, the OSPHL provides ongoing, regional, in-person training courses. To inquire, please contact the OSPHL LRN Coordinator at (503) 693-4123.

ATTACHMENT 1A – VIROLOGY REQUEST FORM



0906266651



VIROLOGY/IMMUNOLOGY REQUEST

Oregon State Public Health Laboratory
P.O. Box 275, Portland, OR 97207-0275
Information: 503-693-4100

Authority

PATIENT INFORMATION

Patient last name, first, middle initial:		
Date of birth (mm/dd/yyyy):	<input type="checkbox"/> Female <input type="checkbox"/> Male	Patient ID/Chart number:
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-race <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Declined
Patient street address:		
City:	State:	ZIP:
County of residence:		
Date of collection:	Outbreak number:	Study:

Submitting facility:
Ordering clinician:
Contact number:

PATIENT INSURANCE INFORMATION

Insurance/Health plan name:	
Policy no./Member ID:	Group ID:
Diagnosis/ICD-9 code for test:	

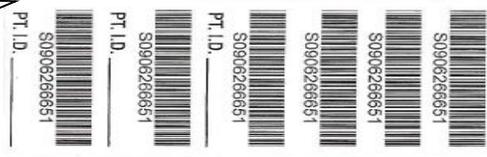
SPECIMEN INFORMATION

Specimen source: <input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> NP <input type="checkbox"/> Swab <input type="checkbox"/> Stool <input type="checkbox"/> Serum <input type="checkbox"/> Other: _____	Illness onset (mm/dd/yyyy):
--	-----------------------------

TESTS REQUESTED

HEPATITIS <input type="checkbox"/> HAVM: HEPATITIS A IGM ANTIBODY <input type="checkbox"/> HAVT: HEPATITIS A TOTAL ANTIBODY <input type="checkbox"/> HBSAG: HEPATITIS B SURFACE ANTIGEN <input type="checkbox"/> HBCT: HEPATITIS B CORE ANTIBODY <input type="checkbox"/> HBCM: HEPATITIS B CORE IGM ANTIBODY <input type="checkbox"/> HBSAB: HEPATITIS B SURFACE ANTIBODY <input type="checkbox"/> HCV: HEPATITIS C ANTIBODY <input type="checkbox"/> HEPB Carrier: HEPATITIS B CARRIER <input type="checkbox"/> HEPB Contact: HEPATITIS B CONTACT <input type="checkbox"/> HBIN: INFANT OF HBV@ MOM <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> HBCT: PRE-VACCINE SCREEN FOR HBV <input type="checkbox"/> HBSAB: POST-VACCINE SCREEN FOR HBV	HIV <input type="checkbox"/> HIV: HIV-1/HIV-2 ANTIBODY SCREEN <input type="checkbox"/> CONFIRMATION OF PRELIMINARY POSITIVE RAPID TEST <input type="checkbox"/> FOLLOW-UP OF INVALID RAPID TEST <input type="checkbox"/> OTHER: _____ Previous HIV testing (including rapid tests done today): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined <input type="checkbox"/> Unknown If YES, last test result was: <input type="checkbox"/> NEG <input type="checkbox"/> POS <input type="checkbox"/> Prelim Pos <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown Month of last test: _____ Year: _____
SYPHILIS <input type="checkbox"/> RPR <input type="checkbox"/> FTA-ABS (DS) <input type="checkbox"/> OTHER: _____	MISCELLANEOUS SEROLOGY <input type="checkbox"/> BRU TOT: BRUCELLA <input type="checkbox"/> HANTA: HANTAVIRUS <input type="checkbox"/> LEPTO: LEPTOSPIRA <input type="checkbox"/> PARVO: PARVOVIRUS <input type="checkbox"/> RICK: RICKETTSIAL BATTERY (RMSF, Murine typhus, Q fever) <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> RUB: RUBELLA IgG <input type="checkbox"/> TUL: TULAREMIA <input type="checkbox"/> VZV: VARICELLA IgG <input type="checkbox"/> WNV: WEST NILE VIRUS <input type="checkbox"/> OTHREF: Mumps IgG <input type="checkbox"/> OTHREF: Rubella IgG
CT/GC <input type="checkbox"/> CCT/GC: CHLAMYDIA/GONORRHEA BY NAAT (Nucleic Acid Amplification Testing) <input type="checkbox"/> VAG/Patient <input type="checkbox"/> VAG/Clinician <input type="checkbox"/> CERVICAL <input type="checkbox"/> URINE <input type="checkbox"/> URETHRAL <input type="checkbox"/> RECT/Clinician <input type="checkbox"/> PHARYNGEAL <input type="checkbox"/> OTHER: _____ Is the patient pregnant? (Based on patient report or medical record) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	VIRUS ISOLATION (See special handling instructions on page 2.) <input type="checkbox"/> VIS: VIRUS ISOLATION: Suspected agent: _____ <input type="checkbox"/> MOL IA/IB QUAL: INFLUENZA ISOLATE SUBMITTED FOR CDC/WHO SURVEILLANCE <input type="checkbox"/> OTHER: _____
COMMENTS → Required for all tests → Required if applicable → Required for insured patients → Requested for Public Health Program Tests (STD, etc.)	OTHER <input type="checkbox"/> MOL NOV: NOROVIRUS (Requires an outbreak number) <input type="checkbox"/> MOL RVP: Respiratory Virus Panel <input type="checkbox"/> CDC SENDOUT FOR: _____ (REQUIRES COMPLETED CDC FORM 50-34) <input type="checkbox"/> Other: _____

Use to label specimen container.



Use for manifest

ATTACHMENT 1B – GENERAL MICROBIOLOGY REQUEST FORM



GENERAL MICROBIOLOGY REQUEST

Oregon State Public Health Laboratory (OSPHL)
 P.O. Box 275, Portland, OR 97207-0275
 Information: 503-693-4100

Authority

PATIENT INFORMATION

Patient last name, first, middle initial:		
Date of birth (mm/dd/yyyy):	<input type="checkbox"/> Female <input type="checkbox"/> Male	Patient ID/Chart number:
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-race <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Declined
Patient street address:		
City:	State:	ZIP:
County of residence:		
Date of collection:	Outbreak number:	Study:

Submitting facility:
Ordering clinician:
Contact number:

PATIENT INSURANCE INFORMATION

Insurance/Health plan name:	
Policy no./Member ID:	Group ID:
Diagnosis/ICD-9 code for test:	

SPECIMEN INFORMATION

Specimen source: <input type="checkbox"/> Blood <input type="checkbox"/> NP <input type="checkbox"/> Sputum <input type="checkbox"/> Stool <input type="checkbox"/> Urine <input type="checkbox"/> Wound <input type="checkbox"/> Other: _____	Illness onset (mm/dd/yyyy):
---	-----------------------------

TESTS REQUESTED

CULTURE

BORG: *Bordetella pertussis/parapertussis* culture and PCR
 ENTIC: Enteric Pathogen Culture (*Salmonella, Shigella, Campylobacter, STEC*)
 STEC: *Escherichia coli*; Shiga toxin producing
 SALC: *Salmonella*
 Other culture – Specify: _____

MYCOBACTERIUM

AFB: Smear/Culture
 AFBPROBE: DNA probe; isolate Date culture positive: _____
 AFBUSUC: *M. tuberculosis* complex susceptibility testing
 MTD: *Mycobacterium tuberculosis* Direct, NAAT
 QFT: Quantiferon® testing: Must be received within 16 hours of collection, Mon.–Fri. before 5 p.m. SEE COLLECTION INSTRUCTIONS ON BACK.

Time of collection (mandatory): _____

ISOLATE IDENTIFICATION
 Notify OSPHL at 503-693-4100 if expedited handling is indicated.

HAES: *Haemophilus influenzae* serotype
 NEIS: *Neisseria meningitidis* serogroup
 Other Isolate Identification – suspect organism information: _____

FOOD/ENVIRONMENTAL TESTING (FOODENVTEST)

Specimen: _____
 Organism: _____

PARASITOLOGY

O&P: Ova and Parasite
 CRY/CYC: *Cryptosporidium/Cyclospora* screen
 BLPAR: Blood smear for parasites
 ADPAR: Adult parasite identification
 Other: _____

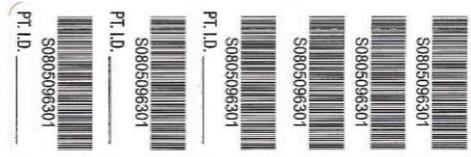
MISCELLANEOUS

BOTOX: C. Botulinum toxin
 PFGE: PFGE Organism: _____
 CRE: _____
 EIP: Emerging Infections Program Studies – Organism: _____
 Other – Specify: _____

COMMENTS

- Required for all tests
- Required if applicable
- Required for insured patients
- Requested for Public Health Program Tests

Use to label specimen container.



Use for manifest

ATTACHMENT 1C – HIV REQUEST FORM

*Only applicable to some sites

<p>Date of collection (mm/dd/yyyy): _____</p> <hr/> <p style="text-align: center;">Patient Information</p> <p>Name (Last, First): _____</p> <p>Date of birth (mm/dd/yyyy): _____</p> <p>Client record number: _____ County: _____ State: _____ ZIP: _____</p> <p>Current gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Trans (male to female) <input type="checkbox"/> Trans (female to male) <input type="checkbox"/> Trans (unspecified) <input type="checkbox"/> Not asked <input type="checkbox"/> Other (specify): _____</p> <p>Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not asked <input type="checkbox"/> Other (specify): _____</p> <p>Race (self report; may select more than one): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> NH/PI <input type="checkbox"/> Don't know <input type="checkbox"/> Black <input type="checkbox"/> AI/AN <input type="checkbox"/> Declined <input type="checkbox"/> Not asked <input type="checkbox"/> Other (specify): _____</p> <p>Do you identify as Hispanic/Latino? (self report): <input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/> Not asked <input type="checkbox"/> No <input type="checkbox"/> Declined <input type="checkbox"/> Other (specify): _____</p> <hr/> <p style="text-align: center;">Test History</p> <p>Previous HIV testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined <input type="checkbox"/> Don't know <input type="checkbox"/> Didn't ask</p> <p>If yes, last test was? (skip if not previously tested) <input type="checkbox"/> Negative <input type="checkbox"/> Don't know <input type="checkbox"/> Positive <input type="checkbox"/> Declined to answer <input type="checkbox"/> Preliminary positive — clinic <input type="checkbox"/> Didn't ask <input type="checkbox"/> Preliminary positive — home <input type="checkbox"/> Indeterminate</p> <p>Month of last test (mm): (_____) Year (yyyy): (_____) <input type="checkbox"/> Don't know</p> <p style="background-color: #ffe6e6; padding: 2px;">If two rapid tests performed at a single visit, write other test form ID number here: _____</p>	<p style="text-align: center;">Submitter Information</p> <p>Site name: _____</p> <p>Authorized ordering clinician/physician: _____</p> <p>Contact phone number and name, Tester name: _____</p> <hr/> <p style="text-align: center;">Non-Rapid Test Specimen Information</p> <p>Specimen source <input type="checkbox"/> Blood <input type="checkbox"/> Plasma <input type="checkbox"/> Serum <input type="checkbox"/> Other (specify): _____</p> <p>Test requested <input type="checkbox"/> Screen <input type="checkbox"/> Confirmation of preliminary positive rapid test (write form ID number from preliminary reactive rapid test here) _____ <input type="checkbox"/> Follow-up of invalid rapid test <input type="checkbox"/> Other (specify): _____</p> <hr/> <p style="text-align: center;">Rapid Testing #1 (complete this section only if testing done today)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Specimen type</td> <td style="width:50%; border: none;">Result provided to client?</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Oral</td> <td style="border: none;"><input type="checkbox"/> Yes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Finger stick</td> <td style="border: none;"><input type="checkbox"/> No, declined</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Venous blood</td> <td style="border: none;"><input type="checkbox"/> No, referred elsewhere</td> </tr> </table> <p>Results <input type="checkbox"/> Negative <input type="checkbox"/> No, client left <input type="checkbox"/> Preliminary positive <input type="checkbox"/> No, other (specify): _____ (specify): _____</p> <hr/> <p style="text-align: center;">Rapid Testing #2 (complete this section only if testing done today)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Specimen type</td> <td style="width:50%; border: none;">Result provided to client?</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Oral</td> <td style="border: none;"><input type="checkbox"/> Yes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Finger stick</td> <td style="border: none;"><input type="checkbox"/> No, declined</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Venous blood</td> <td style="border: none;"><input type="checkbox"/> No, referred elsewhere</td> </tr> </table> <p>Results <input type="checkbox"/> Negative <input type="checkbox"/> No, client left <input type="checkbox"/> Presumptive positive <input type="checkbox"/> No, other (specify): _____ (specify): _____</p> <p style="text-align: right;">Referred to care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Specimen type	Result provided to client?	<input type="checkbox"/> Oral	<input type="checkbox"/> Yes	<input type="checkbox"/> Finger stick	<input type="checkbox"/> No, declined	<input type="checkbox"/> Venous blood	<input type="checkbox"/> No, referred elsewhere	Specimen type	Result provided to client?	<input type="checkbox"/> Oral	<input type="checkbox"/> Yes	<input type="checkbox"/> Finger stick	<input type="checkbox"/> No, declined	<input type="checkbox"/> Venous blood	<input type="checkbox"/> No, referred elsewhere
Specimen type	Result provided to client?																
<input type="checkbox"/> Oral	<input type="checkbox"/> Yes																
<input type="checkbox"/> Finger stick	<input type="checkbox"/> No, declined																
<input type="checkbox"/> Venous blood	<input type="checkbox"/> No, referred elsewhere																
Specimen type	Result provided to client?																
<input type="checkbox"/> Oral	<input type="checkbox"/> Yes																
<input type="checkbox"/> Finger stick	<input type="checkbox"/> No, declined																
<input type="checkbox"/> Venous blood	<input type="checkbox"/> No, referred elsewhere																
<p style="text-align: center;">Risk/Exposures</p> <p>1. Sex partners: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Declined to answer <input type="checkbox"/> Not asked <input type="checkbox"/> No risk from list below</p> <p>2. In the past 12 months: <input type="checkbox"/> Had anal or vaginal sex? If yes, condom use: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Exchanged sex for drugs, money or something you needed? <input type="checkbox"/> If female, had vaginal or anal sex with a person who you know is a man who also has sex with other men? <input type="checkbox"/> Had vaginal or anal sex with a person who is HIV positive? <input type="checkbox"/> Had vaginal or anal sex with a person who uses injection drugs? <input type="checkbox"/> Used injection drugs? If yes, shared injection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Client referred to PrEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A currently taking PrEP</p> <p>4. Client referred to PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A currently taking PEP</p>	<p style="text-align: center;">Local use only</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>																

Use to label specimen container.



Use for manifest

➔ Required for lab testing.

➔ Reporting to State HIV Program required, if applicable.

ATTACHMENT 2 – TRANSPORT MANIFEST

ATTACHMENT 2: HOW TO COMPLETE THE TRANSPORT MANIFEST



Date 8-31-09

Oregon State Public Health Laboratory Specimen Transport Manifest



0490000002
Yamhill County Public Health

OSPIL ONLY
Barcode

OSPIL ONLY
Rec'd Date _____
Initial _____

Facility Name _____ **Contact Person** JANE DOE **Phone#** 503-123-4567

Item Bar Code	Item Bar Code	Item Bar Code	Item Bar Code
 S0902000203			
 S0806006750			
 S0806007301			

Enter date your shipping container will be picked up

Place your site label here. It is OK to cover Container # area.

Enter name of your site's contact person and their phone #.

Place one bar code for each specimen being shipped from each individual request form. In this case 3 different specimens are being shipped.

Enter page # if using more than 1 page.

Page 1 of 3

Comment: _____

DHS 8557 (2/09)