

Public Health Laboratory of East Texas at the University of Texas Health Science at Tyler		CLIA# 45D1011121 SAP# C20140110-1537
11949 US Highway 271 N Tyler, Texas 75708	Laboratory Director Richard J. Wallace Jr., M.D.	
Phone 903-877-5071 Fax 903-877-5259	24 hour Emergency phone 903-312-3537	



SUBMITTER INFORMATION			
SUBMITTER			
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE	FAX		
LABORATORY CONTACT NAME AND NUMBER (FOR QUESTIONS)			
PANIC VALUE-CONTACT NUMBER			
PATIENT INFORMATION			
PATIENT NAME (LAST, FIRST, MI)			
DATE OF BIRTH	AGE	SEX Male/Female	SSN
ADDRESS :	CITY	STATE/ ZIP CODE	
DATE AND TIME OF COLLECTION		PHONE:	
DATE OF ONSET	DIAGNOSIS/SYMPTOMS	RISK	
OUTBREAK ASSOCIATION: Y/N	SURVEILLANCE : Y/N	CIRCLE ONE: INPATIENT/OUTPATIENT	
ORDERING PHYSICIAN			
SPECIMEN SOURCE OR TYPE (CIRCLE ONE)			
PLASMA	WHOLE BLOOD	NASOPHYRANGEAL SWAB/ASPIRATE	
WOUND SWAB	SOURCE-	THROAT SWAB	SPUTUM
TRACHEAL ASPIRATES	PLEURAL FLUID	SERUM	CSF/SPINAL FLUID
BACTERIAL ISOLATE	VIRAL CULTURE	OTHER (describe)	
TEST requested Place a check mark in the box to the left of the test requested			
<input type="checkbox"/>	QUANTIFERON TB GOLD In Tube : Sample incubated? Yes/no		
<input type="checkbox"/>	BIOTERRORISM RULE IN/ RULE OUT* - SUSPECTED ORGANISM		
<input type="checkbox"/>	INFLUENZA BY RT-PCR		
<input type="checkbox"/>	AVIAN FLU *		
<input type="checkbox"/>	EBOLA PCR *		
<input type="checkbox"/>	ARBOVIRUS PCR PANEL *(INCLUDES DENGUE, CHIKUNGUNYA, ZIKA)		
<input type="checkbox"/>	ZIKA MAC IgM Serology		
TO BE FILLED OUT BY PHLET EMPLOYEE			
SPECIMEN RECEIVED BY		DATE/TIME	
CONDITION:	REFRIGERATED	ROOM TEMPERATURE	FROZEN

*FOR ALL BT SUBMISSIONS and tests marked with an * : NOTIFY DSHS AT 1-866-310-9698

IF APPLICABLE, PLEASE DESCRIBE ANY EXPOSURES RELATED TO THIS SUBMISSION:

PHLET SUBMISSION INSTRUCTIONS

Instructions for Specimens

- Clearly label each specimen with the patient’s first and last name and date of birth exactly the way it is written on the request form. If necessary, a second unique identifier can be substituted for date of birth such as Medical record number, social security number, CDC Unique identifier.
- Place the date and time of collection on the specimen label.
- Retain a copy of submission form for your records.
- Triple-contain specimens with sufficient absorbent materials to avoid breakage.
- Specimens may be sent at room (ambient) temperature unless otherwise noted.
- Include a completed request form for each patient with corresponding specimen tube.
- Mark specimen source or type on form.
- **For isolates that are submitted from a suspected bioterrorism event, PHLET must be notified prior to sending the samples.** All possible information as to the origin of the sample must be retained at the submitting hospital. The original sample must be submitted as well as the isolate to be tested.

Test	Required Specimen Type	Special Instructions
QuantifERON TB Gold Test	Special tubes supplied by PHLET	Quantiferon TB Gold In-Tube Procedure special collection tubes required
Seasonal Influenza typing, PCR	Nasopharyngeal wash, aspirate or swab; bronchial lavage; throat swab	Collect samples in Viral transport media and refrigerate immediately. Transport to lab within 72 hours of collection on cold packs or freeze at -70C and ship on dry ice.
Bioterrorism or Chemical or Environmental Sample	Refer to BT or CT Specimen Collection Guide. Call for further instructions.	All samples submitted must have a Chain of Custody Form for each sample. Original Sample must be retained for further investigation purposes.
Avian Influenza	Nasopharyngeal wash, aspirate or swab; bronchial lavage; throat swab	Same as Seasonal influenza except requires approval of health department prior to testing.
Ebola PCR	Whole blood in plastic EDTA tube, minimum 4 mls. DO Not open or centrifuge sample. Refrigerate sample.	All samples must be approved by health department prior to shipment. Contact PHLET prior to shipment. Send on wet ice (cold packs).
Arbovirus testing (Dengue, Chikungunya and Zika PCR)	Serum separated and refrigerated. CSF may be submitted along with a serum sample.	If delay in testing is expected (>24 hours) freeze sample and ship on dry ice.

For more information consult the [PHLET Submission Information Document](#)

PHLET SUBMISSION INSTRUCTIONS

Mailing Instructions and Information

Submitters are responsible for shipping specimens in conformity with all safety and labeling regulations. Be aware that many commercial carriers no longer accept specimens. When using any carrier, including courier services, package specimens to avoid leakage or breakage. Specimens must be packed in triple containment with sufficient absorbent material enclosed to absorb the entire volume of liquids. The shipper is responsible for assuring the correctness of all packages prior to shipment. Follow all the applicable state and regional guidelines for proper shipping and transportation.

Always exert the maximum precaution for the sake of those who handle parcels, and to avoid jeopardizing the system for shipping specimens.

ONLY PROPERLY TRAINED AND CERTIFIED SHIPPERS MAY LEGALLY SHIP SAMPLES

In order to insure the satisfactory receipt and proper testing of your specimens in our laboratory, it is necessary that:

1. Each specimen container is labeled with the name of the patient exactly the way it is written on the request form.
2. Some absorbent material, such as paper towels, is placed in the bottom of the secondary plastic liner, and then put the labeled specimen container in the plastic liner on the absorbent material. Add sufficient absorbent material on top on the blood tubes so that when the cap is tightened and the container is shaken the specimen containers do not rattle.
3. The properly completed request form(s) {must have the name of the patient(s) and a correct return address} is wrapped around the secondary plastic liner. If a "master copy" is used, please submit on an 8 ½ " x 11" piece of paper. Please do not cut the form into smaller individual forms. Place the secondary container in the fiberboard container.
4. The proper label is attached to the outside container before the specimens are mailed.

Call the lab prior to shipping samples.

Ship specimens to:

Public Health Laboratory of East Texas
at the University of Texas Health Science at Tyler
Attention: Janine Yost
11949 US Highway 271N
Tyler, Texas 75708
Phone: 903-877-5071
Fax 903-877-5259
Email Janine.yost@uthct.edu