OHIO DEPARTMENT OF HEALTH LABORATORY – COLUMBUS

8995 East Main Street, Building 22, Reynoldsburg, OH 43068

VIRUS SEROLOGY

ODH LAB NO(s):_____

DATE RECEIVED:_____

DATE REPORTED:_____

Bar Code Label

↑ ODH USE ONLY ↑

PATIENT'S NAME: (PLEASE PRINT OR TYPE WITH BLACK WATERPROOF INK)

ADDRESS:

CITY: **STATE:** **ZIP:** .

AGE/BIRTHDATE:	**SEX:**	**COLOR/RACE:**	**HOSPITAL NO(s).:**
			PHYSICIAN:

SUBMITTING AGENCY ↓

DISEASE SUSPECTED:_____

DATE OF ONSET:_____

SPECIMEN TYPE: CSF_____ **Serum**_____

ACUTE DRAW DATE:_____

CONVALESCENT DRAW DATE:_____

IMMUNE STATUS DRAW DATE:_____

(ODH Use Only ↓)

☐ SIGNIFICANT RISE

☐ **UNSATISFACTORY :**_____

PROCEDURE CODES: EIA — ENZYME IMMUNOASSAY
HI — HEMAGGLUTINATION INHIBITION
IFA — INDIRECT FLUORESCENT ANTIBODY

CHECK BLOCKS FOR TESTS DESIRED ↘

RESULTS (ODH USE ONLY)

		AGENT	PROCEDURE CODE	ACUTE CSF		CONVALESCENT CSF		ACUTE SERUM		CONVALESCENT SERUM	
				IgG	IgM	IgG	IgM	IgG	IgM	IgG	IgM
MI16 1300		1 ARBOVIRUS: CALIFORNIA (LACROSSE)	EIA								
MI16 1400		ST. LOUIS	EIA								
MI16 1500		WEST NILE VIRUS	EIA								
MI16 3100	*	1 INFLUENZA A	HI	----------	----------	<1:8 (<1:10)	≥1:8	4-FOLD RISE (4-FOLD RISE)			
		1 INFLUENZA B	HI	----------	----------	<1:8 (<1:10)	≥1:8	4-FOLD RISE (4-FOLD RISE)			
MI16 4100	*	2 MUMPS	EIA	----------	----------	≤0.17	≥0.20	CRITICAL RATIO ≥1.47			
MI16 5200	*	2 RUBELLA-IgG	EIA			≤0.14	≥0.17	CRITICAL RATIO ≥1.47			
MI16 5200	*	2 RUBELLA-IgM	EIA			≤0.19	≥0.28	CRITICAL RATIO ≥1.47			
MI16 4200	*	2 RUBEOLA-IgG	EIA			≤0.13	≥0.16	CRITICAL RATIO ≥1.47			
MI16 4200		2 RUBEOLA-IgM	EIA	**ACUTE**	**CONVAL./I.S.**	**NEGATIVE** P-N <0.200 and P/N		**POSITIVE** P-N ≥0.200 and P/N			
MI16 6100	*	1 SPOTTED FEVER GROUP: ROCKY MOUNTAIN	IFA	----------	----------	<1:16	≥1:64	4-FOLD RISE IN TITER			
MI16 6200		MURINE TYPHUS	IFA	----------	----------	<1:16	≥1:64	4-FOLD RISE IN TITER			
MI16 4300	*	2 VARICELLA	EIA	----------	----------	≤0.12	≥0.15	CRITICAL RATIO ≥1.47			

1 — REQUIRES ACUTE AND CONVALESCENT SERUMS--NO IMNMUNE STATUS (I.S.).
2 — SEROLOGICAL DIAGNOSIS REQUIRES ACUTE AND CONVALESCENT SERUMS; IMMUNE STATUS ON SINGLE SPECIMENS.

*Shaded tests no longer available.

COMMENTS:

SUBMITTING AGENCY'S FEDERAL TAX I.D. NO.:_____

FOR RESULTS, PLACE PHONE #_____ or FAX #_____

Ext._____

SUBMITTING AGENCY'S FULL → ADDRESS:

(PRINT, STAMP OR TYPE WITH BLACK WATERPROOF INK)

☐ EXEMPTION _____ ☐ FEE DUE