

**National Surveillance Laboratory Specimen Form for  
Possible Cases of Hantaviral Pulmonary Syndrome  
Diagnostic Specimen Submission Form**

CASE-PATIENT IDENTIFICATION NUMBER: -FIPS- -Year-  

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Case-Patient Name: \_\_\_\_\_  
Last First MI

**State Health Department Identifying Information:**

Date Specimen(s) Received by State (mm/dd/yyyy): \_\_\_\_\_  
State Health Department Lab Submitting Specimen(s): \_\_\_\_\_  
Name of State Lab Person Shipping Specimen(s): \_\_\_\_\_  
State Health Dept. Laboratory Phone Number : \_\_\_\_\_  
Physician \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_  
Hospital Submitting Specimen(s): \_\_\_\_\_

**Specimen(s) List:**

- 1) Specimen ID Number: \_\_\_\_\_ Date Collected: \_\_\_\_\_  
1 Serum \_\_\_\_  
2 Tissue : \_\_\_\_ A Paraffin \_\_\_\_ B Formalin \_\_\_\_ C Fresh Frozen  
3 Blood Clot \_\_\_\_
- 2) Specimen ID Number: \_\_\_\_\_ Date Collected: \_\_\_\_\_  
1 Serum \_\_\_\_  
2 Tissue : \_\_\_\_ A Paraffin \_\_\_\_ B Formalin \_\_\_\_ C Fresh Frozen  
3 Blood Clot \_\_\_\_
- 3) Specimen ID Number: \_\_\_\_\_ Date Collected: \_\_\_\_\_  
1 Serum \_\_\_\_  
2 Tissue : \_\_\_\_ A Paraffin \_\_\_\_ B Formalin \_\_\_\_ C Fresh Frozen  
3 Blood Clot \_\_\_\_
- 4) Specimen ID Number: \_\_\_\_\_ Date Collected: \_\_\_\_\_  
1 Serum \_\_\_\_  
2 Tissue : \_\_\_\_ A Paraffin \_\_\_\_ B Formalin \_\_\_\_ C Fresh Frozen  
3 Blood Clot \_\_\_\_

**\*\*\*LABEL ALL SPECIMENS WITH:\*\*\***

- 1) First and Last Name of Case-Patient
- 2) Case-Patient ID Number
- 3) State Laboratory Specimen ID Number
- 4) The Date the Specimen was Collected
- 5) Type of Specimen (e.g., lung, liver, heart, serum, etc.)

**On Outside of the Box Label How Specimen Should be Stored** (i.e. refrigerate, frozen, do not refrigerate)  
**MAIL ALL SPECIMENS TO:**

Attn: Special Pathogens Branch - DVRD  
c/o DASH  
Building 4, Room B-35  
1600 Clifton Road, NE  
Atlanta, GA 30329

Phone: (404) 639-3931 (DASH)  
(404) 639-1115 (SPB Lab)

*\*Please send Case Report Form with this form and specimen(s).*