



**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH

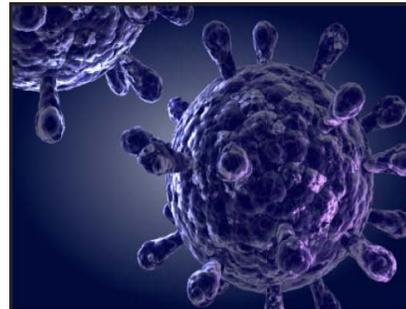
# Directory of Services

## 2014-2015

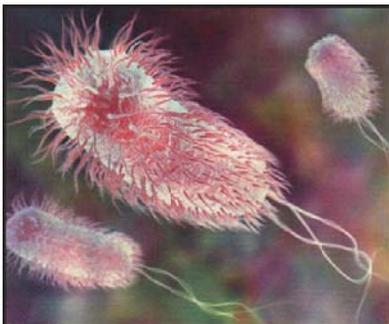
**Division of Laboratory Services**  
**Microbiology**



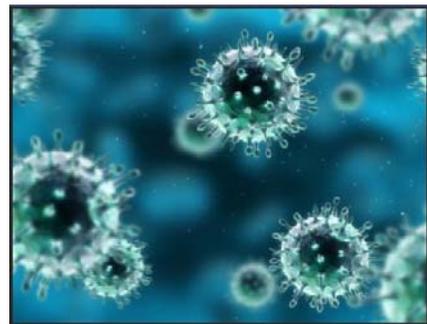
*Bacillus anthracis*



HIV



*E. coli* O157:H7



Influenza



**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH

**DIRECTORY OF SERVICES  
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*This publication is available in alternative forms. Please contact:*

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**NORTH DAKOTA**  
DEPARTMENT of HEALTH



## DIVISION OF LABORATORY SERVICES – MICROBIOLOGY

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Myra Kosse, Division Director  
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Laurie Linz, MD, CLIA Laboratory Director

### GENERAL INFORMATION

**CLIA NUMBER: 35DO691722**

The *2014-2015 Directory of Services* contains a listing of services and tests provided by the Division of Laboratory Services – Microbiology. Each test entry contains a brief explanation of the test, the analytical time, type of specimen required, cost and CPT code(s).

All specimens submitted to the Division of Laboratory Services should be collected and handled with care. Improperly collected or inadequate specimens may give laboratory results of questionable value. Complete information is essential and should be supplied on the request form accompanying the sample. *Testing may be delayed if all requested information is not submitted with the specimen.*

The Division of Laboratory Services provides collection kits and mailing containers as described in Appendix B. Infectious substances must be mailed in containers that meet federal regulations. Please refer to the IATA Guidance Diagrams and Website for Infectious Substances in Appendix A or contact the Division of Laboratory Services for assistance.

***FEES AND SERVICES ARE SUBJECT TO CHANGE BY THE DIVISION OF  
LABORATORY SERVICES***

Telephone 701.328.6272

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A division of the North Dakota Department of Health's  
Environmental Health Section

## **SPECIMEN LABELING/REJECTION POLICY**

Appropriate laboratory slips must accompany each specimen and must contain the following information:

1. Patient name
  - a. Anonymous testing will not be performed.
  - b. Specimens with obvious use of pseudo-names will be accepted only with approval by division director
2. Date of birth
3. Physician
4. Institution
5. Identification code
6. Type of specimen
7. Test required
8. Principle symptoms
9. Date of collection
10. Date of onset (required for viral specimens)
11. Record of immunizations (required for viral specimens)

Criteria for specimen rejection:

1. Nonresident, out-of-state facility or physician
2. Recommended transport/hold time exceeded
3. Specimen damaged (leaked, broken, etc.)
4. Improper specimen (contaminated, inadequate collection, wrong body site, duplicate sample)
5. Unsuitable for request
6. Specimens of insufficient amount (QNS)
7. Unlabeled or mislabeled specimens

Action on rejected specimens will include one or more of the following:

1. Alert physician and/or institution
2. Request a repeat
3. Hold specimen until contacted
4. Send report stating reason for rejection

# Contact Information

North Dakota Department of Health  
Division of Laboratory Services – Microbiology  
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[www.ndhealth.gov/microlab](http://www.ndhealth.gov/microlab)

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**Fax:** 701.328.6280

**Billing Inquiries:** 701.328.6276

After hours and weekends, contact State Radio at: 800.472.2121



**Laboratory Testing  
and  
Fee Schedule**

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**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Adenovirus Culture</b> CPT CODE: 87252 - Tissue cult 87260 - ID	Send appropriate respiratory specimen (NP swab, throat swab, nasal aspirate, nasal washing). Transport at 2 to 8°C.  Normal Value: Negative  Analytical Time: 14 days	\$41
<b>Anthrax Confirmation</b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b>Antimicrobial Susceptibility Testing, Reference Bacterial Isolates, and Submittable Isolates (includes PBP2a, E-test or MIC)</b> CPT CODE: 87181 - E-test 87185 - PBP2a 87186 - MIC	Send pure isolate in appropriate tubed medium. Plates are not accepted. (Includes <i>Strep pneumoniae</i> *, MRSA**, <i>Haemophilus influenzae</i> , <i>N. gonorrhoeae</i> , ESBL, VRE, Vancomycin resistant Staphylococcus)  Normal Value: Susceptible, intermediate or resistant to appropriate antimicrobials  Analytical Time: 2 days  *Rifampin and levofloxacin testing on request.  **Send all suspected methicillin resistant Staphylococcus isolates from sterile sites. Include MIC susceptibility test results with request form.	No Charge
<b>Arboviral Encephalitis Panel Culture</b> CPT CODES: 87252 - Tissue Cult 87253 - ID	Send 2 ml CSF in a sterile container. Transport at 2 to 8°C. Includes Western Equine, Eastern Equine, St. Louis, California group and West Nile Virus.  Normal Value: Negative  Analytical Time: 30 days	\$41
<b>Arboviral Encephalitis Panel IFA and EIA</b> CPT CODES: 86654 - WEE 86652 - EEE 86653 - SLE 86651 - California 86788 - West Nile	IgM antibody detection by IFA and EIA. Send 2 ml acute phase serum. Include required <b>patient data</b> on request form.  Normal Value: West Nile Virus EIA - Negative Western Equine, Eastern Equine, St. Louis, California Group IFA <1:16  Analytical Time: 2 days (Seasonal: June 1- September 30)	\$124
<b><i>Bacillus anthracis</i></b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b>Bacterial - Aerobic Reference Culture</b> CPT CODE: 87077	Send pure isolate in appropriate tubed transport medium or Amies (with charcoal) transport medium. Plates not accepted.  Normal Value: Not applicable  Analytical Time: 7 days	\$26

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Bacterial - Anaerobic Reference Culture</b> CPT CODE: 87076	Send pure isolate in anaerobic tubed medium such as Anaerobic Thio, Amies (with charcoal) transport medium, PORT-A-CUL tubes, etc. Plates not accepted.  Normal Value: Not applicable  Analytical Time: 7 days	\$26
<b>Bioterrorism Agents</b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b><i>Bordetella pertussis</i> PCR/Culture</b> CPT CODE: 87798 - PCR 87070 - Culture 87077 - ID	Collect duplicate nasopharyngeal specimens on Dacron swabs. Place one in a Regan Lowe transport for isolate recovery and the second swab into the plastic transport tube for nucleic acid amplification. Both collection devices must be sent together. Refer to specimen collection directions in appendix B of this document.  Contact the Division of Laboratory Services for transport kits. Include patient symptoms and vaccine history.  Normal Value: Negative  Analytical Time: 2 days	\$51
<b>Brucella Antibody Agglutination</b> CPT CODE: 86000	Send 1 ml serum. Include required <b>patient data</b> on request form.  Normal Value: Negative  Analytical Time: 1 day	No Charge
<b>Brucellosis Confirmation</b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b><i>Burkholderia mallei</i></b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b><i>Burkholderia pseudomallei</i></b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b>California group Encephalitis Antibody IFA</b>	Refer to Arboviral Encephalitis Panel	
<b>Campylobacter Confirmation Culture</b> CPT CODE: 87077	Send suspected Campylobacter species pure isolate in suitable tubed medium such as Campy-thio, Amies, etc. Plates not accepted.  Normal Value: Negative  Analytical Time: 3 days	No Charge
<b><i>Chlamydia trachomatis</i> Culture</b> CPT CODE: 87110 - Culture 87140 - ID	Obtain epithelial cells from infected site. Place swab specimen into viral transport medium immediately. Transport at 2 to 8°C.  Normal Value: Negative  Analytical Time: 7 days	\$41

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<p><b><i>Chlamydia trachomatis</i> Antigen Detection DFA</b>  CPT CODE:  87270</p>	<p>DFA test for ocular, nasopharyngeal or rectal specimens using the collection system provided. Contact the Division of Laboratory Services for collection kits.</p> <p>For cervical, urethral or urine specimens, refer to <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> Nucleic Acid Amplified Test.</p> <p>Normal Value: Negative</p> <p>Analytical Time: 1 day</p>	<p>\$30</p>
<p><b><i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> Nucleic Acid Amplified Test</b>  CPT CODE:  87491 - Chlamydia  87591 - Gonorrhoeae</p>	<p>Send urethral and cervical specimen in Gen-Probe® unisex swab specimen collection kit.</p> <ul style="list-style-type: none"> <li>• Transport at 2 to 30°C</li> <li>• Test within 60 days of collection</li> <li>• Freezing extends an additional 30 days</li> </ul> <p>Send urine in a Gen-Probe® urine specimen collection kit. Contact the Division of Laboratory Services for collection kits.</p> <ul style="list-style-type: none"> <li>• <b>Patient must not urinate for at least 1 hour prior to sampling</b></li> <li>• Collect 20 to 30 mls of a first-catch urine</li> <li>• Use the transfer pipette provided to fill the collection tube to a volume within the two black lines on the side of the tube</li> <li>• Sample must be added to the collection kit within 24 hours</li> <li>• Transport at 2 to 30°C</li> <li>• Test within 30 days of collection</li> </ul> <p>Note: Rectal and ocular specimens must be submitted as Direct Antigen Detection or Culture tests.</p> <p>Normal Value: Negative</p> <p>Analytical Time: 1 day</p>	<p>\$33</p>
<p><b><i>Clostridium botulinum</i> toxin</b></p>	<p>Refer to Bioterrorism Agent Testing Section, p. 24-25</p>	
<p><b><i>Corynebacterium diphtheriae</i> Culture</b>  CPT CODES:  87077</p>	<p>Send pure isolate on Amies (with charcoal) or appropriate transport medium.</p> <p>Normal Value: Negative</p> <p>Analytical Time: 4 to 7 days</p>	<p>\$26</p>

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Cytomegalovirus Culture</b> CPT CODE: 87252 - Tissue Cult 87253 - ID	Send appropriate specimen (throat swab, urine, biopsy, CSF).  With exception of CSF and urine, all sample types should be sent in viral transport medium. CSF and urine should be sent in sterile container. Transport at 2-8°C.  Normal Value: Negative  Analytical Time: 30 days	\$41
<b>Cytomegalovirus IgM &amp; Total Ig IFA</b> CPT CODE: 86644 -Total Ig 86645 - IgM	Send 2 ml acute phase serum.  Normal Value: <1:8  Analytical Time: 1 day	\$26
<b>Diphtheria Reference Culture</b>	Refer to <i>Corynebacterium diphtheriae</i> Culture	
<b>Eastern Equine Encephalitis Antibody IFA</b>	Refer to Arboviral Encephalitis Panel	
<b>Encephalitis Panel IFA and EIA</b> CPT CODES: 86694 - Herpes 86735 - Mumps 86762 - Rubella 86765 - Rubeola 86787 - V-Z	Send 2 ml acute phase serum. Include required <b>patient data</b> on request form.  Normal Value: <1:8 or negative  Analytical Time: 1 day	\$130
<b>Enterovirus Culture</b> CPT CODE: 87252 - Tissue cult 87253 - ID	Send appropriate specimen (CSF, nasopharyngeal, skin lesion material, stool, throat).  With exception of CSF, all sample types should be sent in viral transport medium. CSF should be sent in sterile container.  Transport at 2-8°C overnight.  Normal Value: Negative  Analytical Time: 14 days	\$41
<b>Epstein-Barr IgM and Total Ig IFA</b> CPT CODE: 86665	Send 2 ml acute phase serum. Include required <b>patient data</b> on request form.  Normal Value: <1:8  Analytical Time: 1 day	\$26

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<p><i>Escherichia coli</i>  <b>O157:H7</b>  <b>Culture</b>            CPT CODE:            87253 - ID</p>	<p>Send sorbitol negative <i>E. coli</i> isolate in appropriate tubed medium or Amies (with charcoal) transport medium. Plates not accepted. If latex screen is positive for <i>E. coli</i> O157:H7, serotyping will be performed.</p> <p>Normal Value: Negative</p> <p>Analytical Time: 3 days</p>	<p>\$23</p>
<p><i>Escherichia coli</i>  <b>O157:H7</b>  <b>Serotyping</b>            CPT CODE:            87147 x 2</p>	<p>Send pure isolate in appropriate tubed medium or Amies (with charcoal) transport medium. Plates not accepted.</p> <p>Normal Value: Negative</p> <p>Analytical Time: 3 days</p>	<p>No Charge</p>
<p><b>Foodborne Pathogens</b>  <b>Culture</b>            CPT CODES:            87070 - Pres culture            87076 - Anaerobe ID            87077 - Aerobic ID</p>	<p>Testing provided for outbreaks only. Contact the Division of Laboratory Services for consultation.</p> <p>Normal Value: Negative</p> <p>Analytical Time: 3 days for preliminary report, 1 week for final report*</p> <p>*Testing provided for outbreaks only.</p>	<p>*No Charge</p>
<p><i>Francisella tularensis</i>  <b>Antibody</b>  <b>Serum Agglutination</b>            CPT CODE:            86000</p>	<p>Send 2 ml acute and convalescent (3 weeks post onset) phase sera.</p> <p>Normal Value: Negative</p> <p>Analytical Time: 1 day</p>	<p>\$16</p>
<p><i>Francisella tularensis</i>  <b>Confirmation</b></p>	<p>Refer to Bioterrorism Agent Testing Section, p. 24-25</p>	
<p><b>Fungal Reference</b>  <b>Culture</b>            CPT CODE:            87106 - Yeast            87107 - Mold</p>	<p>Send pure isolate in tubed medium such as Sabouraud Dextrose Agar or Amies transport medium. Plates not accepted. <b>Includes mold, yeast and actinomycete identification.</b> Identification by microscopy and biochemicals.</p> <p>Contact the Division of Laboratory Services for assistance with systemic isolates such as histoplasma, coccidioides and blastomyces.</p> <p>Normal Value: Not applicable</p> <p>Analytical Time: 2 to 6 weeks</p>	<p>\$27</p>

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Fungal Primary Culture</b> CPT CODES: 87101-Skin, Hair, Nails 87102 - Other Source 87103 - Blood 87106 - Yeast ID 87107 - Mold ID	Send in sterile containers or on Sabouraud Dextrose Agar. Plates will not be accepted. <b>Includes mold, yeast and actinomycete isolation and identification.</b>  Consult the Division of Laboratory Services for systemic pathogens such as histoplasma, coccidioides, and blastomyces.  Normal Value: No fungi isolated  Analytical Time: 2 weeks for a negative culture; 2 to 6 weeks for a positive culture.	\$29
<b>Glanders - <i>Burkholderia mallei</i></b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b>Gonorrhoeae Culture</b>	Refer to <i>Neisseria gonorrhoeae</i> Culture	
<b><i>Haemophilus influenzae</i> Serotyping</b> CPT CODE: 87147x6	Send isolate in Amies (with charcoal) transport medium or appropriate tubed medium. Plates not accepted.  Normal Value: Not applicable  Analytical Time: 2 days	\$41
<b>Handling Fee</b> CPT CODE: 99001	Handling fees are dependent on test requested. Call the Division of Laboratory Services for test specific handling fee information.	\$15 ambient air \$30 with ice packs
<b>Hantavirus Antibody Enzyme Capture-IgM, ELISA-IgG</b> CPT CODE: 87449	Send 2 ml acute phase serum along with the Hantavirus Pulmonary Syndrome case report form. Include required <b>patient data</b> on request form.  Normal Value: Negative  Analytical Time: Scheduled by individual case  *Please notify the Division of Laboratory Services of Hantavirus samples being shipped so the laboratory can prepare reagents to minimize turnaround time.	\$51
<b>Hepatitis A IgM Antibody CMIA</b> CPT CODE: 86709	Send 2 ml acute phase serum. Include required <b>patient data</b> on request form.  Normal Value: Nonreactive  Analytical Time: 1 day	\$26

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Hepatitis A, B &amp; C Panel (Acute) CMIA</b> CPT CODES: 87340 -HBsAg 86705 -AntiHBc IgM 86709 -AntiHAV IgM 86803 -Anti-HCV	Send 2 ml acute phase serum. Include required <b>patient data</b> on request form.  Normal Value: Nonreactive  Analytical Time: 1 day	\$104
<b>Hepatitis B &amp; C Panel (Acute) CMIA</b> CPT CODES: 87340 - HBsAg 86705 - AntiHBc IgM 86803 - Anti-HCV	Send 2 ml acute phase serum. Include required <b>patient data</b> on request form.  Normal Value: Nonreactive  Analytical Time: 1 day	\$78
<b>Hepatitis B Core Antibody, Total Ig CMIA</b> CPT CODE: 86704 - Total Ig	Send 2 ml serum. Include required <b>patient data</b> on request form.  Normal Value: Nonreactive  Analytical Time:1 day	\$26
<b>Hepatitis B Core Antibody, IgM CMIA</b> CPT CODE: 86705	Send 2 ml acute phase serum. Include required <b>patient data</b> on request form.  Normal Value: Nonreactive  Analytical Time:1 day	\$26
<b>Hepatitis B Surface Antibody Immune Status (Anti-HBs) CMIA</b> CPT CODE: 86706	Send 2 ml serum.  Normal Value: Reactive  Analytical Time: 1 day	\$26
<b>Hepatitis B Surface Antigen (HBsAg) CMIA</b> CPT CODE: 87340	Send 2 ml serum. Include required <b>patient data</b> on request form.  Normal Value: Nonreactive  Analytical Time: 1 day	\$26
<b>Hepatitis C Virus Antibody, Total Ig (Anti-HCV) CMIA</b> CPT CODE: 86803	Send 2 ml of serum. Include required <b>patient data</b> on request form.  Normal Value: Nonreactive  Analytical Time: 1 day	\$26
<b>Herpes Simplex Virus Antibody IgM and Total Ig IFA</b> CPT CODE: 86694	Send 2 ml acute phase serum. Include required <b>patient data</b> on request form.  Normal Value: <1:8  Analytical Time: 1 day	\$26

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Herpes Simplex Virus Culture</b> CPT CODE: 87252 - Tissue Cult 87253 - ID	Send appropriate specimen (genital, urethral, oral, tissue, vesicle, CSF). With exception of CSF, all sample types should be sent in viral transport medium. CSF should be sent in sterile container. Transport at 2-8°C.  Distinguishes between Herpes Simplex Virus type 1 and 2.  Normal Value: Negative  Analytical Time: 14 days	\$41
<b>HIV Ab/Ag Combo CMIA</b> (Screening Test) CPT CODE: 87389 - Screen 86689 - Confirmation	Send 3 ml serum for detection of HIV-1 p24 antigen and antibodies to HIV types 1 and 2. Confirmatory testing will be performed on all reactive specimens following current CDC and CLSI guidelines for 4 <sup>th</sup> Generation HIV Ab/Ag Combo tests.  Normal Value: Nonreactive  Analytical Time: 1 day	\$10
<b>Influenza Virus Type A &amp; B Culture</b> CPT CODE: 87252 87253x3	Send respiratory specimens in viral transport medium. Transport at 2 to 8°C.  Viral transport medium is available by contacting the Division of Laboratory Services.  Normal Value: Negative  Analytical Time: 14 days	\$41
<b>Influenza Virus Type A &amp; B PCR and Subtype Confirmation</b> CPT CODE: 87501 87501 x 8	Send specimen in viral transport medium. Transport at 2 to 8°C. Refer to collection, handling and source specific instructions in Appendix B.  Include required <b>patient data</b> on request form. Sub-typing will include: A, B, H1, H3, H5, 2009 A, 2009 H1, H7  Normal Value: Negative Influenza A Negative Influenza B  Analytical Time: 2 days	No Charge
<b>Legionella pneumophila Culture and Direct Fluorescent Antigen</b> CPT CODES: 87081 - Presum Cult 87140 - Culture ID 87278 - DFA	Collect appropriate specimen (bronchial, lung, sputum, tissue) and send in sterile container.  Normal Value: Negative  Analytical Time: 7 days for culture exam, 1 day for DFA	\$36

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Lyme Disease (<i>Borrelia burgdorferi</i>) Antibody, Total Ig EIA</b> CPT CODE: 86618	Send 2 ml of serum and clinical history including tick exposure. Include required <b>patient data</b> on request form.  Normal Value: Negative  Analytical Time: 2 days (Year round)	\$76
<b>Measles (Rubeola) Virus Antibody, IgM and Total Ig IFA</b> CPT CODE: 86765	Send 2 ml acute phase serum. Include required <b>patient data</b> (date of onset, symptoms, vaccine history) on request form.  Normal Value: <1:8  Analytical Time: 1 day	\$26
<b>Measles Virus (Rubeola) Culture</b> CPT CODES: 87252 - Tissue Cult 87253 - ID	Send appropriate specimen (throat, nasopharyngeal, urine).  With exception of urine, all sample types should be sent in viral transport medium. Urine should be sent in sterile container. Transport at 2-8°C overnight.  Normal Value: Negative  Analytical Time: 14 days	\$41
<b>Melioidosis - <i>Burkholderia pseudomallei</i></b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b>Methicillin/ Vancomycin Resistant <i>Staphylococcus aureus</i> AST</b>	Refer to Antimicrobial Susceptibility Testing	
<b>MIC</b>	Refer to Antimicrobial Susceptibility Testing	
<b>Microsporidia Identification</b> CPT CODE: 87207	Send formalin preserved stool or duodenal aspirates.  Fresh stool may be requested for PCR testing referrals. Fresh stool must be kept refrigerated.  Normal Value: Negative  Analytical Time: 1 day	\$29
<b>Mumps Virus Antibody IgM and Total Ig IFA</b> CPT CODE: 86735	Send 2 ml acute phase serum. Include required <b>patient data</b> (date of onset, symptoms, vaccine history) on request form.  Normal Value: <1:8  Analytical Time: 1 day	\$26

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Mumps Virus Culture</b> CPT CODE: 87252 - Culture 87253 - ID	Send an appropriate specimen (CSF, saliva, nasopharyngeal, urine) in sterile container; send respiratory specimens in viral transport medium. Transport at 2-8°C.  Normal Value: Negative  Analytical Time: 14 days	\$41
<b>Mycobacteria Primary Culture</b> CPT CODES: 87206 - Direct smear 87015- Concentration 87116 - Presum Cult 87118 - Biochem ID 87149x3-DNA probes <i>M. tb complex</i> <i>M. avium complex</i> <i>M. gordonae</i>	Collect in sterile container and <b>transport at 2-8°C</b> . Contact the Division of Laboratory Services for collection and mailing kit. Refer to collection, handling and source specific instructions in Appendix B (includes acid-fast smear, culture and identification).  Normal Value for AFB Culture: No Mycobacteria isolated Normal Value for AFB Smear: No AFB seen  Analytical Time: 2 to 8 weeks	No Charge
<b>Mycobacteria Reference Culture</b> CPT CODES: 87118 - Biochem ID 87149x3-DNA probes <i>M. tb complex</i> <i>M. avium complex</i> <i>M. gordonae</i>	Send isolate on tubed solid medium such as LJ slants, 7H10 slants, etc. Plates or liquid medium not accepted.  Normal Value: Not applicable  Analytical Time: 2 to 6 weeks	No Charge
<b>Mycobacteria Susceptibility</b>	<p><b>Isolates for susceptibility testing will be referred to a reference laboratory.</b></p> <p>Susceptibility testing on <i>M. tuberculosis</i> will be submitted on all isolates from patients considered to be a new case as part of the initial culture procedure. Results will be reported to the Division of Laboratory Services as soon as available.</p> <p>Normal Value: Susceptible</p> <p>Analytical Time: Not applicable</p> <p>Susceptibility testing on mycobacteria isolates other than <i>M. tuberculosis</i> will be submitted to a reference laboratory upon request. Reference laboratory will directly bill and send results to the submitting facility.</p> <p>Normal Value: Susceptible</p> <p>Analytical Time: Not applicable</p>	No Charge

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<p><i>Mycobacterium tuberculosis</i>  <b>Nucleic Acid Amplified Test</b>            CPT CODE:            87556</p>	<p>The Amplified Mycobacterium Tuberculosis Direct Test (MTD) is a target-amplified nucleic acid probe test for the in vitro diagnostic detection of <i>M. tuberculosis complex</i>. The MTD test is only intended for use on specimens from patients showing signs and symptoms consistent with active pulmonary tuberculosis. <b>The MTD test must be performed in conjunction with mycobacterial culture.</b> Respiratory specimens are acceptable for testing including sputum, bronchial specimens or tracheal aspirates. Specimens that are grossly bloody will not be tested.</p> <p>Collect as for Primary Mycobacteria Culture.</p> <p>Assay performed at the request of the physician on symptomatic patients prior to treatment.</p> <p>Normal Value: Negative</p> <p>Analytical Time: Test performed as needed.</p>	<p>No Charge</p>
<p><i>Mycoplasma pneumoniae</i>  <b>Antibody, IgM IFA</b>            CPT CODE:            86738</p>	<p>Send 2 ml acute phase serum. Include required <b>patient data</b> on request form.</p> <p>Normal Value: &lt;1:64</p> <p>Analytical Time: 1 day</p>	<p>\$26</p>
<p><i>Neisseria gonorrhoeae</i>  <b>Culture</b>            CPT CODES:            87070 - Presum Cult            87077 - ID</p>	<p>Send swab of collection site in Amies (with charcoal) transport medium.</p> <p>Normal Value: Negative</p> <p>Analytical Time: 3 days</p>	<p>No Charge</p>
<p><i>Neisseria gonorrhoeae</i>  <b>Nucleic Acid Amplification Test</b></p>	<p>Can only be ordered as part of a dual test for <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i>.</p> <p>Refer to <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> nucleic acid amplification test</p>	
<p><i>Neisseria meningitidis</i>  <b>Serogrouping</b>            CPT CODE:            87147x6</p>	<p>Send pure isolate in appropriate tubed transport or in Amies (with charcoal) transport medium. Plates not accepted.</p> <p>Normal Value: Not applicable</p> <p>Analytical Time: 2 days</p>	<p>\$41</p>
<p><b>Parainfluenza Virus Types 1, 2, 3 Culture</b>            CPT CODE:            87252 - Tissue Cult            87253 - ID</p>	<p>Send respiratory specimen in viral transport medium at 2-8°C.</p> <p>Normal Value: Negative</p> <p>Analytical Time: 14 days</p>	<p>\$41</p>

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<p><b>Parasites, Blood Giemsa Stain</b>  CPT CODE:  87207 - Thin  87015 - Thick</p>	<p>At least two thin blood films and two thick films made from fresh blood are preferred.</p> <p>Blood containing anticoagulant (EDTA) can be used if films are prepared within one hour.</p> <p>Air dry and send in protected container to prevent breakage.</p> <p>Negative smear results should be repeated every 12 to 24 hours for three consecutive days. Include EDTA whole blood and serum tubes for possible referral.</p> <p>Pertinent travel history is requested.</p> <p>Normal Value: No parasites found</p> <p>Analytical Time: 1 day</p>	<p>\$29</p>
<p><b>Parasites, Stool</b>  CPT CODES:  87177 - Conc. and ID  87207 - Trichrome  87206 - Acid Fast</p>	<p>Send stool specimen in preservative. Includes wet mount, trichrome stain and acid-fast stain (for <i>Cryptosporidium</i>, <i>Cyclospora</i> and <i>Isospora belli</i>).</p> <p>Send stool specimen in Proto-fix preservative.  If fresh stool sample is collected, sample must be placed in Proto-fix collection tube 3-4 hours after collection.  If specimen is collected in formalin, trichrome stain will not be performed.</p> <p>Contact the Division of Laboratory Services for collection kits.</p> <p>Normal Value: No parasites found. If positive, organism will be identified.</p> <p>Analytical Time: 1 day</p>	<p>\$29</p>
<p><b>Pertussis PCR/Culture</b></p>	<p>Refer to <i>Bordetella pertussis</i> PCR/Culture</p>	
<p><b>Plague (<i>Yersinia pestis</i>) Confirmation</b></p>	<p>Refer to Bioterrorism Agent Testing Section</p>	
<p><b>Premarital (Out-of-State)</b></p>	<p>Testing reserved for premarital screening of individuals applying for a marriage license in states requiring the test.</p> <p>Send 2 ml serum.</p> <p>Normal Value: Specific to tests required</p> <p>Analytical Time: 1 day</p>	<p>No Charge</p>
<p><b>Prenatal Hepatitis B Surface Antigen CMIA</b>  CPT CODE:  87340</p>	<p>Send 2 ml serum. Include required patient data on request form.</p> <p>Normal Value: Nonreactive</p> <p>Analytical Time: 1 day</p>	<p>\$7</p>

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Q Fever, Total Ig IFA (QFV)</b> CPT CODE: 86638	Send 2 ml acute and convalescent (3 weeks post onset) phase sera. Include required <b>patient data</b> on request form.  Normal Value: Less than 1:256 or < four fold rise in titer between acute and convalescent sera.  Analytical Time: 1 day	\$26
<b>Quantiferon Test (Mycobacterium tuberculosis)</b> CPT CODE: 86480	Cell mediated immunity measurement of gamma interferon antigen response to <i>M. tuberculosis</i> . <b>This testing is performed by special arrangement only. Please call the Division of Laboratory Services for a collection kit.</b> Refer to Appendix B for specimen collection, processing and transport instructions.  Normal Value: Negative  Analytic Time: As agreed to by special arrangement. Samples accepted Monday through Thursday. Assays are run on Wednesdays.	\$100
<b>Rabies Direct Antigen Detection DFA</b>	Send appropriate brain tissue at 2-8°C. Brain tissue must be reasonably intact for testing. Contact the Division of Laboratory Services for assistance.  Please call for consultation if animal brain cannot be removed prior to submission.  Normal Value: Negative  Analytical Time: 1 day  *No charge for tissue analysis from animals involving North Dakota residents. \$50.00 charge if client is not a North Dakota resident.	\$50*
<b>Reference Culture with MIC Susceptibility Testing</b>	Refer to Antimicrobial Susceptibility Testing – Reference Bacteria	
<b>Respiratory Syncytial Virus (RSV) IgM and Total Ig Antibody IFA</b> CPT CODE: 86756	Send 2 ml acute phase sera. Include required <b>patient data</b> on request form.  Normal Value: <1:8  Analytical Time: 1 day	\$26
<b>Respiratory Syncytial Virus (RSV) Culture</b> CPT CODE: 87252 - Culture 87253 - ID	Send respiratory specimens in viral transport medium at 2-8°C.  Normal Value: Negative  Analytical Time: 14 days	\$41
<b>Ricin Toxin</b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Rocky Mountain Spotted Fever Antibody IFA</b> CPT CODE: 86757	Send 2 ml acute and convalescent (3 weeks post onset) phase sera. Include required <b>patient data</b> on request form.  Normal Value: <1:64 or < four fold rise in titer between acute and convalescent sera.  Analytical Time: 1 day	\$26
<b>RPR Syphilis Screen Rapid Plasma Reagin</b> CPT CODE: 86592	Send 2 ml serum.  Normal Value: Nonreactive  Analytical Time: 1 day	\$6
<b>Rubella (German Measles) Virus IgM Antibody EIA</b> CPT CODE: 86762	Send 2 ml acute phase serum. Include required <b>patient data</b> (date of onset, symptoms, vaccine history) on request form.  Normal Value: Negative Reactive RPR will be confirmed by TP-PA.  Analytical Time: 1 day	\$26
<b>Rubella Virus Immune Status IgG/IgM Antibody Latex Agglutination</b> CPT CODE: 86318	Testing reserved for premarital screening of individuals applying for a marriage license in states requiring the test (out-of-state premarital only).  Send 2 ml serum.  Normal Value: Immune  Analytical Time: 1 day	No Charge
<b>Rubeola (Measles) Virus Antibody, IgM and Total Ig IFA</b> CPT CODE: 86765	Send 2 ml acute phase serum. Include required <b>patient data</b> (date of onset, symptoms, vaccine history) on request form.  Normal Value: <1:8  Analytical Time: 1 day	\$26
<b>St. Louis Encephalitis Antibody IFA</b>	Refer to Arboviral Encephalitis Panel	
<b>Salmonella Serotyping</b> CPT CODE: 87147 - 8 antisera (minimum)	Send pure isolate in appropriate tubed transport medium.  Normal Value: Not applicable  Analytical Time: 4 days	No Charge
<b>Shiga Toxin Confirmation</b>	Send Shiga toxin positive broth.  Normal Value: Not applicable  Analytical Time: CDC Dependent	No Charge

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Shigella Serotyping</b> CPT CODE: 87147x5	Send pure isolate in appropriate tubed transport medium.  Normal Value: Not applicable  Analytical Time: 2 days	No Charge
<b>Smallpox</b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b>Streptococcus Group B Confirmation Latex Agglutination</b> CPT CODE: 86403	Send pure isolate in appropriate tubed transport medium.  Normal Value: Positive  Analytical Time: 2 days	No Charge
<b>Streptococcus pneumoniae Drug Susceptibility Testing</b>	Refer to Antimicrobial Susceptibility Testing	
<b>Streptococcus Serological Grouping Latex Agglutination</b> CPT CODE: 87147 x 5	Send pure isolate in Amies (with charcoal) transport medium.  Normal Value: Group designation  Analytical Time: 2 days	\$31
<b>Syphilis Confirmation</b>	Refer to <i>Treponema pallidum</i> Particle Agglutination	
<b>TORCH Antibodies, IgM and Total Ig IFA/EIA</b> CPT CODE: 86777 - Toxo IFA 86762 - Rubella EIA 86645 - CMV IFA 86694 - Herpes IFA	Send 2 ml acute phase serum. Include required <b>patient data</b> (date of onset, symptoms, vaccine history) on request form. Reserved for infants younger than six months or by special arrangement only. Tests can be ordered individually.  Normal Value: Toxoplasma <1:16 CMV<1:8 Herpes <1:8 Rubella Negative  Analytical Time: 1 day  Tests can be ordered individually (Refer to alphabetical listings).	\$104
<b>Toxoplasma gondii Antibody, IgM and Total Ig IFA</b> CPT CODE: 86777 - Total Ig 86778 - IgM	Send 2 ml acute phase serum. Include required <b>patient data</b> on request form.  Normal Value: <1:16  Analytical Time: 1 day	\$26
<b>Treponema pallidum Particle Agglutination</b> CPT CODE: 86780	Send 2 ml serum. Testing performed on serum found reactive by screening test (RPR) done at the Division of Laboratory Services.  Normal Value: Non-reactive  Analytical Time: 1 run/week, Thursday	No Charge

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Tularemia (Francisella) Confirmation</b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b>Vaccinia</b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<b>Varicella zoster Virus Antibody, IgM and Total Ig IFA</b> CPT CODE: 86787	Send 2 ml acute phase serum. Include required <b>patient data</b> (date of onset, symptoms, vaccine history) on request form.  Normal Value: <1:8  Analytical Time: 1 day	\$26
<b>Varicella zoster Virus Antibody, IgG IFA</b> CPT CODE: 86787	Send 2 ml serum.  Normal Value: >1:16  Analytical Time: Weekly on Fridays	\$26
<b>Varicella zoster Virus Culture</b> CPT CODE: 87252-Tissue Culture 87253-ID	Send appropriate specimen (lesion, tissue, CSF, etc.)  With the exception of CSF, all sample types should be sent in viral transport medium. CSF should be sent in sterile container. Transports at 2-8°C.  Normal Value: Negative  Analytical Time: 14 days	\$41
<b>VDRL (Syphilis screen) Slide Flocculation</b> CPT CODE: 86592	Send 1 ml spinal fluid.  Normal Value: Nonreactive  Analytical Time: Weekly on Fridays	\$11
<b>Vibrio cholerae Confirmation</b> CPT CODE: 87147x3	Send pure isolate in appropriate tubed medium or Amies (with charcoal) transport medium. Plates not accepted.  Normal Value: Not applicable  Analytical Time: CDC dependent	No Charge

**Clinical Laboratory Testing and Fee Schedule**  
**Set-Up Days: Monday through Friday unless otherwise indicated.**

TEST	EXPLANATION	COST
<b>Vibrio Culture</b> CPT CODES: 87046 - Presum Cult 87077 - ID	Send stool samples or rectal swabs in appropriate transport medium from acute cases.  Normal Value: Negative  Analytical Time: 3 days	\$26
<b>Viral Culture</b> CPT CODES: 87252 - Tissue Cult 87253 - ID	Send appropriate specimen (Refer to specific culture type for more information, i.e., RSV culture, etc.), patient history, and clinical information indicating which specific virus is suspected.  Normal Value: Negative  Analytical Time: 14 days	\$41
<b>Western Equine Encephalitis Antibody IFA</b>	Refer to Arboviral Encephalitis Panel	
<b>West Nile Virus Antibody, IgM EIA</b> CPT CODE: 86788	Send 2 ml late acute phase serum. Include required <b>patient data</b> on request form.  Normal Value: Negative  Analytical Time: 2 days (In season: June 1 – September 30)  *Please contact the Division of Laboratory Services to make arrangements for out-of-season testing. A \$60 charge applies if performed out-of-season.	\$60* out-of-season. No Charge In-Season.
<b>Yersinia pestis Confirmation (Plague)</b>	Refer to Bioterrorism Agent Testing Section, p. 24-25	
<p align="center">SPECIFIC TESTS NOT IN THIS LISTING MAY BE AVAILABLE.            CONSULT THE DIVISION OF LABORATORY SERVICES.</p> <p align="center">PHONE: 701.328.6272</p> <p align="center">FOR THE MOST ACCURATE CPT CODE ASSIGNMENT, PLEASE REFER TO THE 2014 CURRENT PROCEDURAL TERMINOLOGY MANUAL.</p>		



**Bioterrorism  
Agent  
Testing**

## North Dakota Department of Health Bioterrorism Agent Testing

**Notify the Division of Laboratory Services and the Division of Disease Control if bioterrorism is suspected.**

**Notify the Division of Laboratory Services for referral instructions if your laboratory is unable to rule out BT agents.**

Please refer to [www.asm.org](http://www.asm.org) for the most current sentinel site laboratory rule out procedures.

After normal work hours, contact our on-call microbiologist directly at 701.400.2772 or State Radio at 800.472.2121 to speak to the case manager.

**There is No Charge for Bioterrorism Agent Testing.**

Test	Source/Collection	Analytical Time/Other
<b><i>Bacillus anthracis</i> (Anthrax) Confirmation PCR/Culture</b>	Send isolate in appropriate tubed transport medium or cut out a piece of agar with growth and send in a sterile container. Identification by means of differential medium, biochemicals and molecular analysis. <b>Plates are not accepted.</b>  <b>Cutaneous:</b> Collect vesicular fluid with sterile swab or collect from beneath the eschar. Transport at room temperature. <b>Gastrointestinal:</b> Collect blood, stool, or rectal swabs. Transport at room temperature. <b>Inhalational:</b> Collect blood. Transport at room temperature.	Preliminary results 1 day; Confirmation 1 to 2 days
<b>Brucellosis Confirmation PCR/Culture</b>	Send isolate in appropriate tubed transport medium or cut out a piece of agar with growth and send in a sterile container. Identification by means of differential medium, biochemicals and molecular analysis. <b>Plates are not accepted.</b>  For primary isolation and PCR collect blood or bone marrow. Transport at room temperature.	Preliminary results 1 day; Confirmation 3 to 5 days
<b><i>Burkholderia mallei</i> (Glanders) or <i>Burkholderia pseudomallei</i> (Melioidosis) PCR/Culture</b>	Send isolate in appropriate tubed transport medium or cut out a piece of agar with growth and send in a sterile container. Identification by means of differential medium, biochemicals and molecular analysis. <b>Plates are not accepted.</b>  Blood, bone marrow, sputum, abscess and wound swabs, urine. Transport blood at room temp; all others transport at 2 to 8 °C.	Preliminary results 1 day; Confirmation 1 to 2 days

Test	Source/Collection	Analytical Time/Other
<p><i>Clostridium botulinum</i> toxin DIG ELISA/ PCR/Mouse Bioassay</p>	<p>Contact the Division of Laboratory Services for specific recommendations regarding collection and transportation.</p> <p><b>All testing will be performed by the Minnesota Department of Health and/or the Centers for Disease Control and Prevention.</b></p>	<p>Analytical Time: Procedure dependent</p>
<p><i>Francisella tularensis</i> (Tularemia) Confirmation PCR/Culture</p>	<p>Send isolate in appropriate tubed transport medium or cut out a piece of agar with growth and send in a sterile container. Identification by means of differential medium, DFA, biochemicals and molecular analysis. <b>Plates are not accepted.</b></p> <p>For primary isolation and PCR collect blood, biopsied tissue or ulcer scraping. Blood should be transported at room temperature. Transport tissue and ulcer samples at 2 to 8°C.</p>	<p>Preliminary results 1 day; Confirmation 2 to 4 days</p>
<p><b>Ricin Toxin TRF/PCR</b> (Environmental BT Specimens Only)</p>	<p>Detection of Ricin toxin by Time Resolved Immunofluorescence and PCR. Used for testing environmental samples: Liquid, soil, powder, wipes, swabs, paper, plant material and food samples are acceptable.</p>	<p>Analytical Time: 1 day</p>
<p><b>Smallpox PCR</b></p> <p><b>Vaccinia PCR</b></p>	<p><b>Contact the Division of Laboratory Services for consultation regarding sample collection/shipment.</b></p> <p>Specimens to collect will include: Fluid and cells from two or more unroofed vesicles/pustules; a minimum of four touch preparation slides; two to four synthetic swabs in viral transport medium.</p> <p>Call the North Dakota Department of Health if you suspect smallpox, an adverse reaction to smallpox vaccination or require consultation on an unusual or pustular rash illness.</p>	<p>Preliminary PCR results within 1 day for vaccinia, VZV and non variola panel.</p> <p><b>Confirmation for smallpox will be performed by the Minnesota Department of Health and/or the Centers for Disease Control and Prevention.</b></p> <p><b>The smallpox risk level</b> should be clearly noted on the laboratory requisition form accompanying any specimen labeled as “vesicle,” “blister,” “rash,” or otherwise suggestive of acute/generalized vesicular or pustular rash illness. Infectious Substance Shippers with collection/transportation directions have been provided to all Level A sentinel laboratories.</p>
<p><i>Yersinia pestis</i> (Plague) Confirmation PCR/Culture</p>	<p>Send isolate in appropriate tubed transport medium or cut out a piece of agar with growth and send in a sterile container. Identification by means of differential medium, DFA, biochemicals and molecular analysis. <b>Plates are not accepted.</b></p> <p>For primary isolation and PCR collect blood, tissue aspirate or biopsied tissue. Transport blood at room temperature. Transport tissue samples at 2 to 8°C.</p>	<p>Preliminary results 1 day; Confirmation 3 to 5 days</p>



**Appendix A**  
**IATA Guidance Document for**  
**Infectious Substances**

## **For Assistance with Packaging and Shipping Regulations:**

IATA Guidance Document (International Air Transport Association)

<http://www.iata.org/whatwedo/cargo/dgr/Documents/Guidance-Document-Infectious-Substances.pdf>

DOT (Department of Transportation)

<http://hazmat.dot.gov/hazhome.htm>

ICAO (International Civil Aviation Organization)

<http://www.icao.int/>

## **FedEx Guidance**

FedEx Dangerous Goods Forms

<http://www.fedex.com/us/services/pdg/ShippersDecColumnsColorPrinter.pdf>

FedEx Dangerous Goods Job Aid 2013

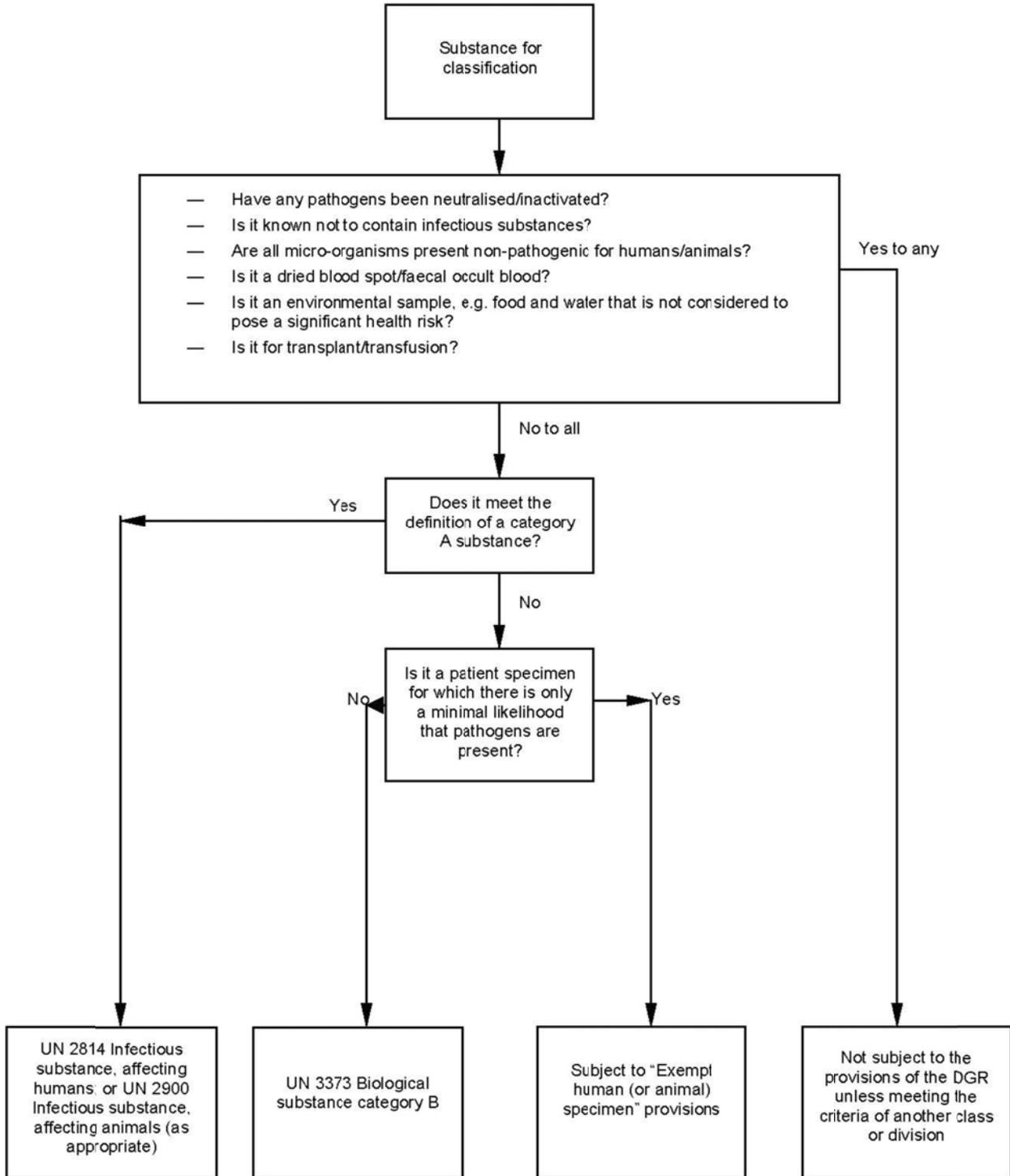
[http://images.fedex.com/us/services/pdf/DG\\_Job\\_Aid\\_2013.pdf](http://images.fedex.com/us/services/pdf/DG_Job_Aid_2013.pdf)

Fed Ex Dangerous Goods Acceptance Checklist – 2013

[http://images.fedex.com/us/services/pdf/DG\\_NRChecklist\\_US\\_2013.pdf](http://images.fedex.com/us/services/pdf/DG_NRChecklist_US_2013.pdf)

Links in this document were current as of the date of printing.

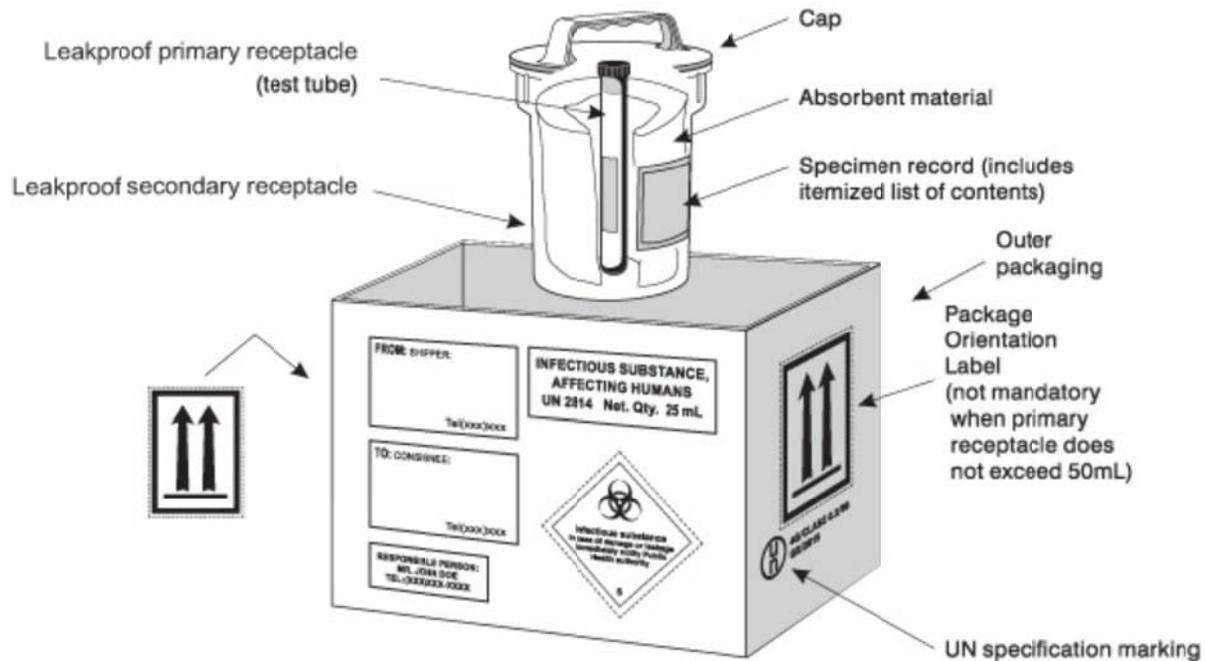
## ANNEX 2-Classification Flowchart



## ANNEX 3

### Example of Packing and Marking for Category A Infectious Substances

(See Packing Instruction 620 for additional requirements)



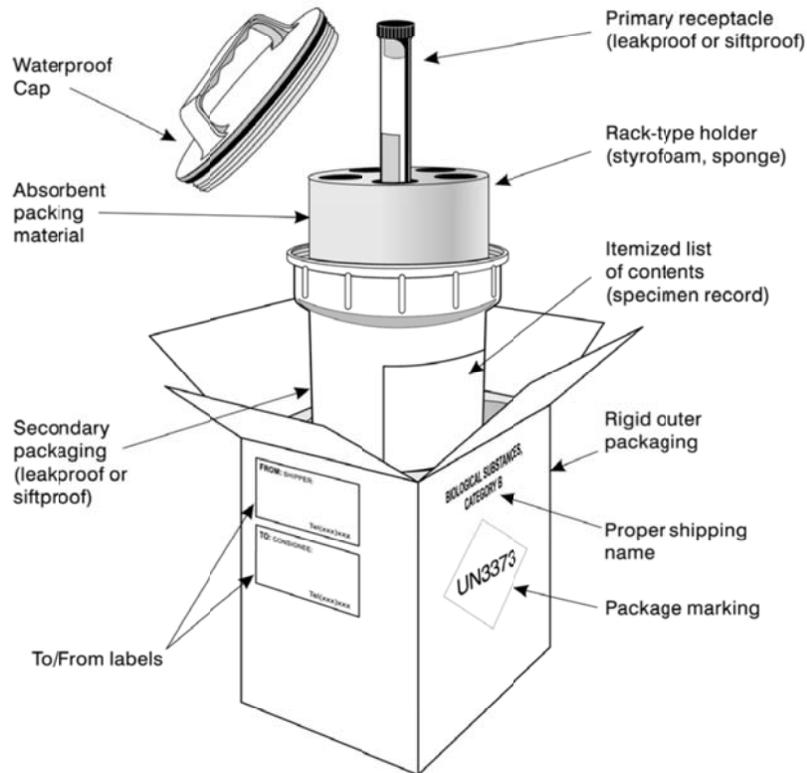
Notes:

1. The smallest external dimension of the outer packaging must not be less than 100 mm;
2. The primary receptacle or the secondary packaging must be capable of withstanding, without leakage, an internal pressure producing a pressure differential of not less than 95 kPa.

## ANNEX 4

### Example of Packing and Marking for Category B Infectious Substances

(See Packing Instruction 650 for additional requirements, e.g. drop test)

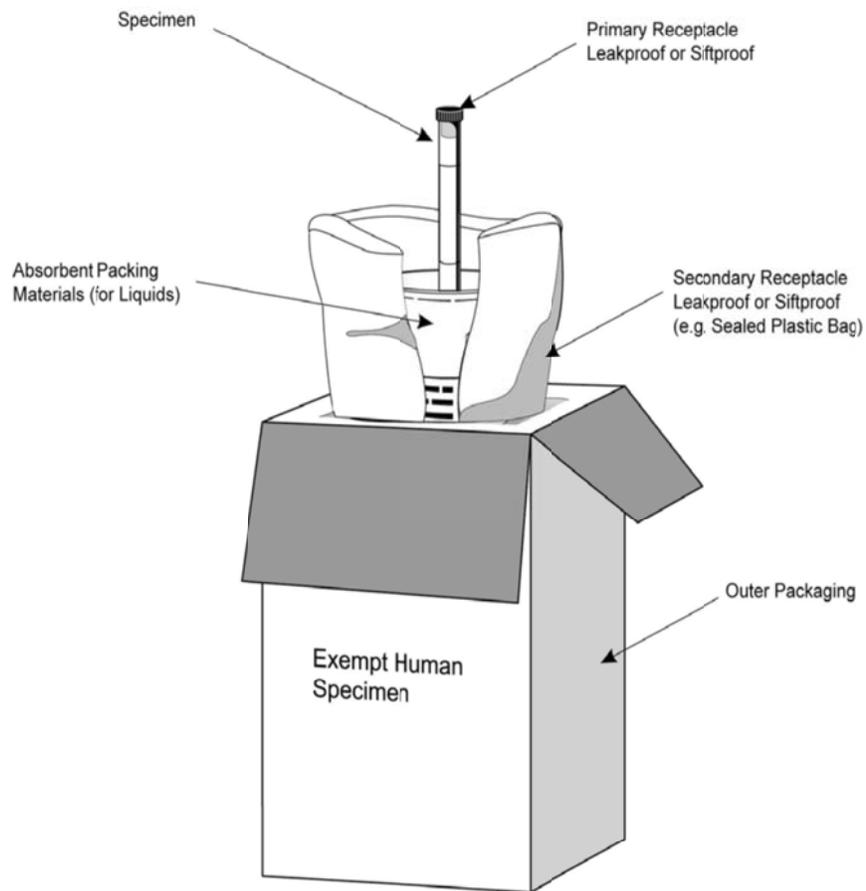


#### Notes:

1. At least one surface of the outer packaging must have a minimum dimension of 100 mm x 100 mm;
2. The primary receptacle or the secondary packaging must be capable of withstanding, without leakage, an internal pressure producing a pressure differential of not less than 95 kPa.

## ANNEX 5

### Example of Packing and Marking for Exempt Specimens



#### Notes:

1. At least one surface of the outer packaging must have a minimum dimension of 100 mm x 100 mm;
2. The outer packaging must be of adequate strength for its capacity, mass and intended use.



**Appendix B**  
**Specimen Collection and**  
**Handling**

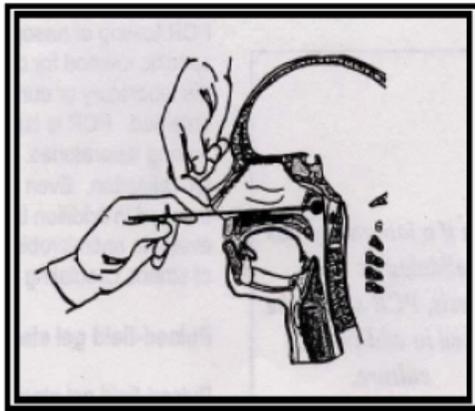
## **Specimen Transport Devices**

The following specimen kits are furnished free of charge upon request. See Appendix C for a supply requisition form.

1. **CHLAMYDIA/GC AMPLIFIED PROBE** – Gen-Probe® UNISEX Swab Specimen Collection Kits and Gen-Probe® Urine Specimen Collection Kits.
2. **CHLAMYDIA DFA** – Slide collection kits.
3. **ENTERIC PATHOGENS** – Amies with charcoal transport medium in screw cap tube.
4. **FUNGUS CULTURES** – Saboraud agar slants in screw cap tubes.
5. **INFLUENZA** – Viral transports. See appendix B for specimen collection instructions.
6. **MYCOBACTERIA (Tuberculosis)** – One plastic 30 ml container (no preservative) for sputum and other body fluids. Ship mycobacteria specimens in coolers with ice packs. See appendix B for specimen collection instructions.
7. **PARASITES** – One-ounce containers with preservative for stool specimens.
8. **PERTUSSIS CULTURE** – Collection kits available from the Division of Laboratory Services. Kit includes two nasopharyngeal swabs, one tube of Reagan Lowe transport medium for culture and one plastic transport tube for PCR. See appendix B for specimen collection instructions.
9. **REFERENCE CULTURES** – Send on solid tubed medium. Do not send plates of actively growing organisms. If cultures in tubed media are not available, a portion of growth can be cut out of an agar plate and placed in a (sterile, screw top, water-tight) container for referral.
10. **SEROLOGY** – Category B shipping boxes only.
11. **SMALLPOX/VACCINIA SHIPPERS** – Collection devices and instructions are included in UN certified Category A Infectious Substance Mailers. Call the Division of Laboratory Services for assistance.
12. **SPECIAL CULTURES** – Contact laboratory for instructions.
13. **TRANSPORT MEDIA** – Amies transport medium with charcoal in screw cap tubes for transporting aerobic bacterial specimens.
14. **VIRAL CULTURES** – Viral transports.

**SPECIMEN COLLECTION AND HANDLING INSTRUCTIONS FOR THE  
*BORDETELLA PERTUSSIS* DNA PCR AMPLIFIED PROBE**

1. The *B. pertussis* collection kit provided by the Division of Laboratory Services – Microbiology includes:
  - a. One tube of Regan-Lowe transport medium. Store the unused medium at 2° to 8°C until the indicated expiration date. Allow the tube to warm to room temperature before use.
  - b. One small sterile plastic tube.
  - c. Two sterile Dacron® polyester-tipped swabs suitable for the collection of nasopharyngeal specimens.
2. The specimen of choice is a nasopharyngeal swab collected in duplicate.  
(See picture below for proper collection of specimen)



- a. Place one swab in the tube of Regan-Lowe transport medium.
  - b. Place the second swab in the small plastic tube provided. If this tube is unavailable, use any clean, sterile container that is free of detergents or preservatives.
  - c. Cut the excess length of the wire shaft of each swab with a clean scissors and cap the tubes tightly.
3. Return both tubes to the zipper-lock plastic bag that contained the collection supplies.
4. Complete a Laboratory Test Request Form with the requested information. Be sure to complete the Patient Data section (symptoms and immunization history). Select the test “*Bordetella pertussis* Amplified Probe.”
5. Place the specimens (in the plastic bag) and the completed request form into a category B shipping container provided by the Division of Laboratory Services.
6. As soon as possible, send both tubes at ambient (room) temperature to:

**Division of Laboratory Services – Microbiology**  
**2635 East Main Avenue**  
**Bismarck, ND 58504**

**North Dakota Department of Health**  
**Influenza Specimen Collection and Handling**

**Specimen Collection for Influenza:**

Each specimen must be labeled with the patient's first and last name, date of birth, specimen source, and collection date.

Use only Dacron or rayon swabs with plastic or metal shafts. Calcium alginate swabs and cotton swabs with wooden shafts are **unacceptable**.

**Nasopharyngeal Swab** – Carefully swab the posterior nasopharyngeal area via the external nares with a dry sterile nasopharyngeal swab. Place the swab into viral transport medium. Screw the cap on tightly.

**Nasal Swab** – Insert dry swab into nasal passage and allow it to absorb secretions. Place swabs into viral transport medium. Screw the cap on tightly.

**Throat Swab** – Vigorously rub the posterior wall of the pharynx with a dry sterile swab. The swab should not touch the tongue or buccal mucosa. Place the swab into viral transport medium. Screw the cap on tightly.

**Nasal Aspirate/Wash** –Specimens are placed into viral transport medium. Screw the cap on tightly.

**Lower Respiratory Tract Specimens** – These specimens include bronchoalveolar lavage fluid, bronchial aspirates, bronchial washes, endotracheal aspirates, endotracheal washes, tracheal aspirates, and lung tissue. Place the sample into viral transport medium. Screw the cap on tightly.

**Shipment of Influenza Specimens:**

Ship specimens immediately following collection. Samples can be stored at 2-8°C for up to 72 hours. All specimens should be shipped with ice packs in insulated containers. If a shipment will be delayed because of holidays or weekends, freeze and hold specimens at -70°C and ship on dry ice.

**North Dakota Department of Health  
Mycobacteria Collection and Handling**

<b>Source</b>	<b>Collection</b> <i>Collect initial specimens before antimicrobial therapy is started. Collect specimens aseptically. Label each specimen container with patient name, specimen source and date of collection. Do not use fixatives or preservatives.</i>	<b>Volume</b>	<b>*Container/Transport</b> <i>Use sterile, leak-proof containers. Transport specimens as quickly as possible. Refrigerate if transportation will be delayed. All specimens except blood and bone marrow must be shipped refrigerated. Never mail cultures in petri dishes or specimens in urine cups.</i>
<b>Sputum</b>	Aseptically collect three to six specimens on consecutive days. For best results, collect early in the morning. Collect the material that is brought up after a deep, productive cough. <b>Specimens collected on the same day will be considered the same and only one processed.</b>	5-10ml  <b>Do not pool specimens</b>	Ship specimens within 24 hours. Do not wait and send consecutively collected specimens together.
<b>Body Fluids</b>	Disinfect site with alcohol if collecting with syringe.	Abdominal 10-15ml  Pericardial, Synovial 3-5ml  CSF 2ml	
<b>Blood and Bone Marrow</b>	Disinfect site as for routine blood culture.	5-10ml	SPS (yellow top) is preferred. Sodium heparin may be used. No EDTA or other preservatives. Keep at room temperature. Do NOT refrigerate.
<b>Tissue</b>	Aseptically collect in sterile container without fixatives or preservatives. Add only enough sterile saline to prevent drying.	1gram (Only one specimen will be tested unless sources are significantly different)	Do not wrap in gauze or send on swab.
<b>Urine</b>	First morning void collected on three consecutive days. Either clean-catch or catheterization. Do not pool specimens or obtain from catheter bag.	40 ml	
<b>Bronchial Wash</b>	Avoid contaminating bronchoscope with tap water.	5-7ml	
<b>Swab</b>	Not an acceptable specimen. The hydrophobic nature of the mycobacteria cell wall inhibits transfer of the organism from the swab to the aqueous media.		If only specimen available, add sufficient sterile saline to keep moist and send in sterile, leak proof container.

\*See appendix A for packing and labeling instructions.

### APPROVAL CRITERIA FOR USE OF THE MTD TEST (NAAT)

The Division of Laboratory Services will only perform the MTD test on specimens coming from patients **with a high clinical suspicion of TB**. Respiratory specimens are acceptable for testing including sputum, bronchial specimens or tracheal aspirates. The MTD test should not be tested with bloody specimens, or if the patient has been treated with antituberculosis agents within the last 12 months. A summary for guidelines can be accessed at [www.ndhealth.gov/microlab](http://www.ndhealth.gov/microlab).

#### MTD TEST APPROVAL REQUEST

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Requesting Physician:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

What clinical criteria listed below does the patient meet? (circle all that apply)

- a. Positive tuberculin skin test or gamma-interferon release assay
- b. HIV infection or other immune-compromising condition
- c. Contact to infectious TB case
- d. Radiologic evidence of current TB disease
- e. Positive smear

# QuantiFERON -TB Gold In-Tube

## COLLECTION

Collection **MUST BE** performed using the QuantiFERON-TB Gold In-Tube Collection Kit

1. Collect 1 mL blood by venipuncture into each of the three tubes.
  - **Tubes fill slowly.**
  - Use of a syringe may ensure correct blood volume.
  - When tube is upright, blood must meet the small black mark on the label.
  - If butterfly needle is used, collect other required tubes or use a “purge” tube to remove the air then proceed with collecting the QTB tubes.
  - These tubes are manufactured to draw 1 mL of blood and perform optimally within the range of 0.8 to 1.2 mL. If the level of blood is not close to the **BLACK INDICATOR LINE**, another blood specimen should be collected.
2. Immediately **SHAKE** the tubes ten times.
  - Just firmly enough to ensure the entire inner surface of tube is coated with blood.
  - Thorough mixing is required to ensure complete integration of the tube’s contents into the blood.
3. **LABEL** tubes appropriately. The label should be placed below colored ‘QuantiFERON’ band so back window is visible on all three collection tubes.
4. **MAINTAIN** tubes at room temperature until incubation.
5. It is recommended the **INCUBATION** at your facility start as soon as possible. This must be started within 16 hours of collection. If tubes are not being incubated at your facility, label tubes as “Not incubated.”

## INCUBATION and CENTRIFUGATION

1. Incubate all three tubes upright at 37°C for 16 to 24 hours.
  - If delayed following collection, re-mix tubes again by inverting 10 times immediately before incubation
  - Improper incubation may cause erroneous results.
  - Humidity and CO<sub>2</sub> is not required.
2. **CENTRIFUGE** tubes for 15 minutes at 3000 RCF (g) after incubation.
3. **PLACE** all three tubes together back in the QTB transport bag (supplied).
4. **STORE** refrigerated at 2° to 8°C.

## SHIPPING

1. Ship QTB kit at refrigerated temperature (2° to 8°C) if samples have been incubated and centrifuged.



# **Appendix C**

## **Forms**





## HANTAVIRUS PULMONARY SYNDROME CASE REPORT FORM

Please return with Diagnostic Specimen Submission Form to:  
North Dakota Dept of Health  
Division of Laboratory Services – Microbiology  
2635 East Main Ave.  
PO Box 5520  
Bismarck, ND 58506-5520

**PHONE: 701-328-6272**

**FAX: 701-328-6280**

*Information below is required for identification and meaningful interpretation of laboratory diagnostic results. HPS may not be confirmed without compatible clinical and/or exposure data.*

Patient's last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial: \_\_\_\_\_

Street Address: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**DOB:** \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Occupation: \_\_\_\_\_

Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_ Unk \_\_\_\_\_

Race: American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

History of any rodent exposure in 6 weeks prior to onset of illness? Yes \_\_\_\_\_ No \_\_\_\_\_ Unk \_\_\_\_\_

If yes, type of rodent: Mouse \_\_\_\_\_ Rat \_\_\_\_\_ Other \_\_\_\_\_ Rodent nest \_\_\_\_\_ Unk \_\_\_\_\_

Place of contact (town, county, state): \_\_\_\_\_

Symptom onset date: \_\_\_\_\_

Specimen acquisition date: \_\_\_\_\_

### Signs and Symptoms:

Fever > 101° F or > 38.3° C Yes \_\_\_\_\_ No \_\_\_\_\_ Unk \_\_\_\_\_

Thrombocytopenia (platelets ≤ 150,000/mm) Yes \_\_\_\_\_ No \_\_\_\_\_ Unk \_\_\_\_\_

Elevated Hematocrit (Hct) Yes \_\_\_\_\_ No \_\_\_\_\_ Unk \_\_\_\_\_

Elevated creatinine Yes \_\_\_\_\_ No \_\_\_\_\_ Unk \_\_\_\_\_

WBC Total: \_\_\_\_\_ Total Neutrophils: \_\_\_\_\_% Band Neutrophils: \_\_\_\_\_% Lymphocytes: \_\_\_\_\_%

Supplemental oxygen required? Yes \_\_\_\_\_ No \_\_\_\_\_ Unk \_\_\_\_\_

Was patient intubated? Yes \_\_\_\_\_ No \_\_\_\_\_ Unk \_\_\_\_\_

Was patient hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_ If Hospitalized Provide Dates \_\_\_\_\_

CXR with unexplained bilateral interstitial  
infiltrates or suggestive of ARDS? Yes \_\_\_\_\_ No \_\_\_\_\_ Unk \_\_\_\_\_

Outcome of illness? Alive \_\_\_\_\_ Dead \_\_\_\_\_ Unk \_\_\_\_\_

Was an autopsy performed? Yes \_\_\_\_\_ No \_\_\_\_\_ Unk \_\_\_\_\_

Has specimen been tested for hantavirus at another laboratory? Yes \_\_\_\_\_ No \_\_\_\_\_ Unk \_\_\_\_\_

If yes, where? \_\_\_\_\_ Type of specimen? \_\_\_\_\_ Results (i.e. titer, OD) \_\_\_\_\_

Date form completed: \_\_\_\_\_

Person completing report: \_\_\_\_\_ Phone number \_\_\_\_\_

Name of patient's physician: \_\_\_\_\_ Phone number \_\_\_\_\_

For State Use:

State Health Dept. reporting case: \_\_\_\_\_ State ID number: \_\_\_\_\_



**LABORATORY TEST REQUEST FORM**  
 North Dakota Department of Health  
 Division of Laboratory Services-Microbiology  
[www.ndhealth.gov/microlab](http://www.ndhealth.gov/microlab)  
 Telephone: 701.328.6272  
 Fax: 701.328.6280  
 After Hours: 701.400.2772

FOR LABORATORY USE

SFN 5826 (Rev. 11/2013)

Patient's Name (Last) (First) (MI)

Patient's Address	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity
City	State	Zip Code	Patient's Telephone Number

<b>FACILITY</b>	Customer Code
Address	State      Zip Code
Facility's Telephone Number	
Physician's Name (Last, First)	

<b>SPECIMEN DATA</b>	Type/Source	<input type="checkbox"/> Acute <input type="checkbox"/> Convalescent	Date of Collection:
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<b>PATIENT DATA</b>	Disease Suspected	Fever ____°F	Symptoms:
Hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Immunizations (Specify)	Date of Onset:	Additional information:

<p><b>BACTERIOLOGY</b></p> <input type="checkbox"/> Aerobic Culture ID (Submit Isolate) <input type="checkbox"/> Anaerobic Culture ID (Submit Isolate) <input type="checkbox"/> Bordetella pertussis PCR/Culture* <input type="checkbox"/> Campylobacter Confirmation (Submit Isolate) <input type="checkbox"/> Corynebacterium diphtheriae Culture <input type="checkbox"/> Escherichia coli O157:H7 Culture <input type="checkbox"/> Escherichia coli O157:H7 Serotyping <input type="checkbox"/> Haemophilus influenzae Serotyping <input type="checkbox"/> Legionella pneumophila Culture & DFA <input type="checkbox"/> Neisseria gonorrhoeae Culture <input type="checkbox"/> Neisseria meningitidis Serogrouping <input type="checkbox"/> Salmonella Serotyping <input type="checkbox"/> Shiga toxin Confirmation (Submit + broth) <input type="checkbox"/> Shigella Serotyping <input type="checkbox"/> Vibrio Culture <p><b>BIOTERRORISM RULE OUT</b></p> <input type="checkbox"/> Agent Suspected: _____ <p><b>MYCOBACTERIOLOGY</b></p> <input type="checkbox"/> Mycobacteria Culture (TB) & Smear <input type="checkbox"/> Mycobacteria TB complex NAAT* (Requires Culture & Smear) <input type="checkbox"/> Mycobacteria Reference ID <input type="checkbox"/> Mycobacteria Susceptibility <p><b>MYCOLOGY</b></p> <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Fungal Reference ID <p><b>PARASITOLOGY</b></p> <input type="checkbox"/> Ova and Parasites <input type="checkbox"/> Giemsa Thick & Thin Blood Smears*	<p><b>HEPATITIS</b></p> <input type="checkbox"/> Hepatitis A Antibody, IgM* <input type="checkbox"/> Hepatitis A, B & C Panel* <input type="checkbox"/> Hepatitis B & C Panel* <input type="checkbox"/> Hepatitis B Core Antibody, IgM* <input type="checkbox"/> Hepatitis B Core Antibody (Anti-HBC), Total* <input type="checkbox"/> Hepatitis B Surface Antibody, Immune Status (Anti-HBs)* <input type="checkbox"/> Hepatitis B Surface Antigen (HBsAg)* <input type="checkbox"/> Hepatitis C Antibody (Anti-HCV)* <input type="checkbox"/> Prenatal Hepatitis B Surface Antigen (HBsAg) <p><b>IMMUNOLOGY</b></p> <input type="checkbox"/> Arbovirus Encephalitis Panel (Seasonal)* <input type="checkbox"/> Brucella Antibody <input type="checkbox"/> Cytomegalovirus Antibody, IgM <input type="checkbox"/> Encephalitis Panel* <input type="checkbox"/> Epstein-Barr Virus Antibody, IgM* <input type="checkbox"/> Hantavirus Antibody (Attach Hantavirus Form) <input type="checkbox"/> Herpes Simplex Virus Antibody, IgM* <input type="checkbox"/> Lyme Disease Antibody EIA* <input type="checkbox"/> Measles (Rubeola) Virus Antibody, IgM* <input type="checkbox"/> Mumps Virus Antibody, IgM* <input type="checkbox"/> Mycoplasma pneumoniae Antibody, IgM* <input type="checkbox"/> Q Fever Antibody <input type="checkbox"/> Respiratory Syncytial Virus Antibody, IgM* <input type="checkbox"/> Rocky Mountain Spotted Fever Antibody* <input type="checkbox"/> Rubella Virus Antibody, IgM* <input type="checkbox"/> TORCH Antibodies Panel, IgM-Newborn* <input type="checkbox"/> Toxoplasma gondii Antibody, IgM* <input type="checkbox"/> Varicella zoster Virus Antibody, IgG <input type="checkbox"/> Varicella zoster Virus Antibody, IgM* <input type="checkbox"/> West Nile Virus EIA, IgM*	<p><b>STD/SCREENING</b></p> <input type="checkbox"/> Chlamydia trachomatis DFA <input type="checkbox"/> Chlamydia trachomatis Culture <input type="checkbox"/> Chlamydia trachomatis/Neisseria gonorrhoeae Nucleic Acid Amplified Probe <input type="checkbox"/> HIV-1, 2 Antibody/HIV-1 p24 Antigen Combo <input type="checkbox"/> VDRL (CSF) <input type="checkbox"/> Syphilis Screen (RPR) <input type="checkbox"/> TP-PA: Treponema pallidum particle agglutination (Syphilis confirmation) <p><b>VIROLOGY</b></p> <input type="checkbox"/> Adenovirus Culture <input type="checkbox"/> Cytomegalovirus Culture <input type="checkbox"/> Enterovirus Culture <input type="checkbox"/> Herpes Simplex Virus Culture <input type="checkbox"/> Influenza Virus Culture <input type="checkbox"/> Influenza Virus PCR* <input type="checkbox"/> Measles (Rubeola) Virus Culture <input type="checkbox"/> Mumps Virus Culture <input type="checkbox"/> Parainfluenza Virus Types 1,2,3 Culture <input type="checkbox"/> Respiratory Syncytial Virus Culture* <input type="checkbox"/> Varicella zoster Virus Culture <p><input type="checkbox"/> _____  <input type="checkbox"/> _____</p>
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**RABIES INFORMATION**

NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF LABORATORY SERVICES – MICROBIOLOGY  
 2635 EAST MAIN AVE. PO BOX 5520  
 BISMARCK, ND 58502 Phone #: (701) 328-6272

For Laboratory Use

SFN 8742 (10-2007)

Date of Incident	Date Submitted	Type of Animal
Owner's Name		Telephone Number
Address		City, State, Zip Code
Veterinarian's Name		Telephone Number
Address		Submitting Organization Lab Code
City, State, Zip Code		Physician's Name
Name of Submitting Organization		Telephone Number
Address		City, State, Zip Code
Number of Persons Involved		Location of Bite

NAME OF PERSON INVOLVED	ADDRESS	AGE	SEX

**BEHAVIOR OF SUSPECT** (Check Appropriate Description)

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Furious	<input type="checkbox"/> Dumb	<input type="checkbox"/> Sick	<input type="checkbox"/> Scenting (skunk)
<input type="checkbox"/> Paralysis	<input type="checkbox"/> Blind	<input type="checkbox"/> Salivating	<input type="checkbox"/> Absence of Fear	<input type="checkbox"/> Tremors
<input type="checkbox"/> Chasing	<input type="checkbox"/> Biting	<input type="checkbox"/> Scratching	<input type="checkbox"/> Unable to Eat or Drink	<input type="checkbox"/> Normal
<input type="checkbox"/> Hyper-friendly	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Staggering		

Give brief history of exposure incident:

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Signature of Person Who Filled Out Form



**NORTH DAKOTA MORBIDITY REPORT**  
 North Dakota Department of Health  
 Division of Disease Control  
 SFN 7630 (Rev 01-2011)  
 See other side for listing of reportable conditions

Confidentiality Protected by North Dakota  
 Century Codes 23-07-02.1 and 23-07-02.2

Disease or Condition		Last Name		First Name		Date of Onset (M/D/Y)	
Date of Birth:	Telephone No.		Race	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	Gender M / F	Marital Status M / S	
Street Address			City	State	Zip Code		
Treatment (if applicable)		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Care Provider			Outcome <input type="checkbox"/> Survived <input type="checkbox"/> Died	
Was Patient Hospitalized? <input type="checkbox"/> No <input type="checkbox"/> Yes-Name of Hospital:		Date Admitted (M/D/Y)	Date Discharged (M/D/Y)	Specimen Source:			
Has Diagnosis Been Confirmed by Laboratory Test? <input type="checkbox"/> No <input type="checkbox"/> Yes-Name of Lab:		Name of Test:		Date Specimen Collected (M/D/Y)			
		Result:					
Reason Test Conducted: <input type="checkbox"/> Infection <input type="checkbox"/> Screen <input type="checkbox"/> Other (specify _____)			Is Isolate Resistant to Any Antimicrobial Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes- <b>Type of Antimicrobial:</b>				
Was sample submitted to North Dakota Public Health Laboratory (NDPHL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes was sample: <input type="checkbox"/> Original Material <input type="checkbox"/> Serum <input type="checkbox"/> Pure Isolate (Specific Agent Identified) _____							
Person Reporting	Address/Facility				Telephone Number		
<b>Cancer Site</b>		<b>Date Cancer Diagnosed (M/D/Y)</b>		<b>Cancer Histology</b>			
Comments							

**N.D. Mandatory Reportable Conditions**  
**North Dakota Administrative Code 33-03-01; (Statutory Authority NDCC 23-07-01)**

<p><b>AIDS</b></p> <p><b>Anthrax</b> 📞📍🚫</p> <p>Arboviral infection (specify etiology)</p> <p><b>Botulism</b> 📞📍🚫</p> <p><b>Brucellosis</b> 📞📍🚫</p> <p>Campylobacteriosis 📍</p> <p>Carbapenem-resistant Enterobacteriaceae (CRE) ❖📍</p> <p>CD4 Test Results (any CD4 value)</p> <p>Chickenpox (varicella)</p> <p>Chlamydial infection</p> <p><b>Cholera</b> 📞📍</p> <p><b>Clostridium perfringens</b> intoxication 📞📍🚫</p> <p>Coccidiomycosis 📍🚫</p> <p>Creutzfeldt-Jakob disease</p> <p>Cryptosporidiosis</p> <p><b>Diphtheria</b> 📞📍</p> <p>E. coli (shiga-toxin producing strains) 📍</p> <p>Enterococcus, Vancomycin-resistant (VRE) 📍</p> <p><b>Foodborne/waterborne outbreaks</b> 📞</p> <p>Giardiasis</p> <p><b>Glanders</b> 📞📍🚫</p> <p>Gonorrhea</p> <p>Haemophilus influenzae (invasive) 📍</p> <p><b>Hantavirus</b> 📞📍</p> <p><b>Hemolytic uremic syndrome</b> 📞</p> <p>Hepatitis (specify type) ◆</p> <p>HIV infection ○📍</p> <p>Influenza</p>	<p>Klebsiella pneumoniae Carbapenemase (KPC)-producers ❖📍</p> <p><b>Laboratory incidences with possible exposure to Category A Agents or novel influenza virus</b> 📞🚫</p> <p>Legionellosis</p> <p>Listeriosis 📍</p> <p>Lyme disease</p> <p>Malaria 📍</p> <p><b>Measles (rubeola)</b> 📞📍</p> <p><b>Melioidosis</b> 📞📍🚫</p> <p>Meningitis (bacterial) 📍</p> <p><b>Meningococcal disease (invasive)</b> 📞📍</p> <p><b>Mumps</b> 📞</p> <p><b>Nipah virus infections</b> 📞📍🚫</p> <p>Nosocomial outbreaks (institutions)</p> <p><b>Pertussis</b> 📞📍</p> <p><b>Plague</b> 📞📍🚫</p> <p><b>Poliomyelitis</b> 📞📍</p> <p>Pregnancy in person infected with perinatally transmissible disease (such as hepatitis B and HIV)</p> <p>Psittacosis</p> <p>Q fever 📍🚫</p> <p><b>Rabies (animal or human)</b> 📞📍</p> <p><b>Rocky Mountain spotted fever</b> 📞🚫</p> <p><b>Rubella</b> 📞📍</p> <p>Salmonellosis 📍</p> <p>Scabies outbreaks (institutions)</p>	<p><b>Severe Acute Respiratory Syndrome (SARS)</b> 📞📍</p> <p>Shigellosis 📍</p> <p><b>Smallpox</b> 📞📍🚫</p> <p>Staphylococcus aureus, Methicillin-resistant (MRSA) ◆■</p> <p><b>Staphylococcus aureus, Vancomycin-resistant/intermediate (VRSA/VISA)</b> 📞📍</p> <p><b>Staphylococcus enterotoxin B intoxication</b> 📞📍🚫</p> <p>Streptococcal infection (invasive) 📍</p> <p>Syphilis</p> <p>Tetanus</p> <p>Tickborne diseases ▲</p> <p>Toxic Shock Syndrome 📍</p> <p>Trichinosis</p> <p><b>Tuberculosis</b> 📞📍</p> <p><b>Tularemia</b> 📞📍🚫</p> <p><b>Typhoid Fever</b> 📞📍</p> <p><b>Unexplained critical illness/death</b> 📞</p> <p><b>Unusual disease cluster</b> 📞</p> <p>Vibriosis 📍</p> <p><b>Viral hemorrhagic fevers</b> 📞📍🚫</p> <p><b>Weapons of Mass Destruction suspected event</b> 📞🚫</p> <p><b>Yellow fever</b> 📞📍</p> <p>Other reportable conditions:          Cancer +❖          Tumors of the central nervous system +          Lead (≥10µg/dL)</p>
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- 📞 Report immediately by telephone to the Division of Disease Control (701.328.2378 or 800.472.2180).
- 📍 Submit isolate or appropriate sample to the N.D. Public Health Laboratory. Call 701.328.6272 for assistance.
- + Submit report to the North Dakota Cancer Registry. Call 800.280.5512 for assistance.
- ◆ Report Hepatitis A immediately by telephone to the Division of Disease Control (701.328.2378 or 800.472.2180).
- Any HIV antibody-screening test confirmed **AND** all positive HIV rapid screens.
- All invasive MRSA infections. Submit isolates from invasive sites to N.D. Public Health Laboratory. Do not report MRSA colonization, MRSA in urine, or isolates from environmental surfaces.
- 🚫 This is a Select Agent when confirmed – Notify North Dakota Public Health Laboratory 701.328.6272. Transfer all remaining culture material to N.D. Public Health Laboratory or destroy on site. Report possible laboratory exposures.
- ❖ See website for complete definition [www.ndhealth.gov/Disease/Rules](http://www.ndhealth.gov/Disease/Rules)
- ▲ If tickborne encephalitis viruses or tickborne hemorrhagic fevers then report immediately by telephone to the Division of Disease Control (701.328.2378 or 800.472.2180) and submit an isolate or appropriate sample to the N.D. Public Health Laboratory. Call 701.328.6272 for assistance. This is a select agent when confirmed.

\*To report diseases online go to [www.ndhealth.gov/Disease/reportcard](http://www.ndhealth.gov/Disease/reportcard)

# Supply Request Form

		<b>LABORATORY SUPPLY REQUEST</b> <b>North Dakota Department of Health</b> <b>Division of Laboratory Services-Microbiology</b> <b>SFN 16120 (11-2013)</b> <b>Phone Number: 701.328.6272</b> <b>FAX Number: 701.328.6280</b>			<b>DATE:</b> _____	
		Customer Code				
Facility						
Address		City		Zip Code		
Name of Caller						
Phone Number			<b>OFFICE USE ONLY</b>			
ITEM REQUESTED	QUANTITY		Call-In Initials	SENT		
	Pkg/Box	Each		No.	Date/Tech	
Amies Transport Medium						
Address Labels						
Test Request Form						
Aptima™ Chlamydia/GC Unisex Swab Transport--50/box						
Aptima™ Chlamydia/GC Urine Transport--50/box						
Influenza Transports						
Ova & Parasite Transports						
Pertussis DNA Probe Transports						
Saboraud Fungus Transports						
Category B Shipping Boxes						
Tuberculosis Transports						
Viral Transport Media						
Serum Transport Tubes						
Quantiferon Collection Tubes						
Other						

Supplies may also be ordered online at [www.ndhealth.gov/microlab](http://www.ndhealth.gov/microlab).

## Website References

North Dakota Department of Health

Division of Laboratory Services-Microbiology:

[www.ndhealth.gov/microlab](http://www.ndhealth.gov/microlab)

Centers for Disease Control and Prevention:

[www.cdc.gov](http://www.cdc.gov)

North Dakota Department of Health

Division of Disease Control:

[www.ndhealth.gov/disease](http://www.ndhealth.gov/disease)

American Society for Microbiology:

[www.asm.org](http://www.asm.org)

For Safety Recommendations:

Biosafety in Microbiological and Biomedical Laboratories (BMBL) 5th edition (pdf format):

<http://www.cdc.gov/biosafety/publications/bmbl5/>

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