



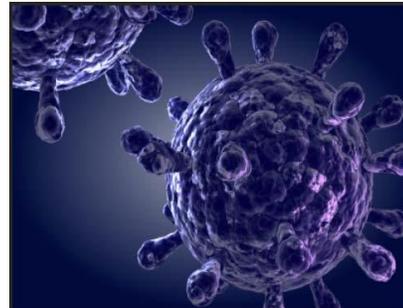
Directory of Services

2016-2017

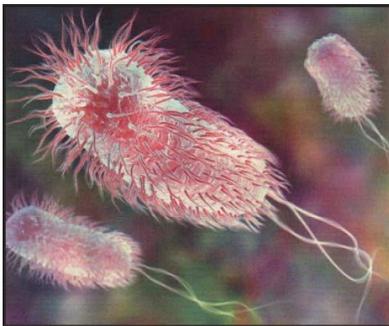
Division of Laboratory Services
Microbiology



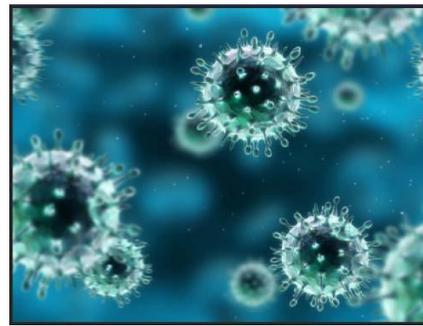
Bacillus anthracis



HIV



E. coli O157:H7



Influenza



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This publication is available in alternative forms. Please contact:

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DIVISION OF LABORATORY SERVICES – MICROBIOLOGY

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GENERAL INFORMATION

CLIA NUMBER: 35DO691722

The *2016-2017 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

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

SPECIMEN LABELING/REJECTION POLICY

All clinical primary specimen containers must have a patient name, along with a second unique identifier, such as date of birth, medical record number, and accession number.

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 labelled with obvious pseudo-names will not be accepted
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. 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 (ex: leaked or broken)
4. Improper specimen (ex: contaminated, inadequate collection, wrong body site or duplicate sample)
5. Unsuitable for request
6. Specimens of insufficient amount (QNS)
7. Unlabeled or mislabeled specimens

Contact Information

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**Laboratory Testing
and
Fee Schedule**



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Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Anthrax Confirmation	Refer to Bioterrorism Agent Testing	
Antimicrobial Susceptibility Testing, Reference Bacterial Isolates, and Submittable Isolates (includes PBP2a, E-test or MIC) CPT CODE: 87181 - E-test 87185 - PBP2a 87186 - MIC	<p>Acceptable Specimen: Pure isolate in appropriate tubed medium. Plates are not accepted. Includes <i>Strep pneumoniae</i>*, MRSA**, ESBL, VRE, Vancomycin intermediate/resistant <i>Staphylococcus aureus</i></p> <p>Normal Value: Susceptible, intermediate or resistant to appropriate antimicrobials</p> <p>Turn Around Time: 3 days</p> <p>*Rifampin and levofloxacin testing on request.</p> <p>**Send all suspected methicillin resistant <i>Staphylococcus</i> isolates from sterile sites. Include MIC susceptibility test results with request form.</p>	No Charge
Arboviral Encephalitis Panel IFA and EIA CPT CODES: 86654 - WEE 86652 - EEE 86653 - SLE 86651 - California 86788 - West Nile	<p>Acceptable Specimen: 2 ml acute phase serum</p> <p>Normal Value: West Nile Virus EIA - Negative Western Equine, Eastern Equine, St. Louis, California Group IFA < 1:16</p> <p>Turn Around Time: 3 days</p> <p>*A \$124 charge applies if performed out-of-season. (Season: June 1 – September 30)</p>	No Charge*
Bacterial - Aerobic Reference Culture CPT CODE: 87077	<p>Acceptable Specimen: Pure isolate in appropriate tubed transport medium or Amies (with charcoal) transport medium. Plates not accepted.</p> <p>Normal Value: Not applicable</p> <p>Turn Around Time: 7 days</p>	\$26
Bacterial - Anaerobic Reference Culture CPT CODE: 87076	<p>Acceptable Specimen: Pure isolate in anaerobic tubed medium such as Anaerobic Thio, Amies (with charcoal) transport medium, PORT-A-CUL tubes, etc. Plates not accepted.</p> <p>Normal Value: Not applicable</p> <p>Turn Around Time: 7 days</p>	\$26
Bioterrorism Agents	Refer to Bioterrorism Agent Testing	

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
<p><i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> Nucleic Acid Amplified Test CPT CODE: 87491 - Chlamydia 87591 - Gonorrhoeae</p>	<p>Acceptable Specimen: Urethral, rectal and cervical specimen in Gen-Probe® unisex swab specimen collection kit</p> <p>Urine in a Gen-Probe® urine specimen collection kit.</p> <ul style="list-style-type: none"> • Patient must not urinate for at least 1 hour prior to sampling • Collect 20 to 30 mls of a first-catch urine • Use the transfer pipette provided to fill the collection tube to a volume within the two black lines on the side of the tube • Sample must be added to the collection kit within 24 hours <p>Contact the Division of Laboratory Services for collection kits.</p> <p>Transport: 2 to 30°C</p> <p>Normal Value: Negative</p> <p>Turn Around Time: 1 day</p>	<p>\$33</p>
<p><i>Clostridium botulinum</i> toxin</p>	<p>Refer to Bioterrorism Agent Testing</p>	
<p><i>Corynebacterium diphtheriae</i> Culture CPT CODES: 87077</p>	<p>Acceptable Specimen: Pure isolate on Amies (with charcoal) or appropriate transport medium</p> <p>Normal Value: Negative</p> <p>Turn Around Time: 4 to 7 days</p>	<p>\$26</p>
<p>Cytomegalovirus IgM & Total Ig IFA CPT CODE: 86644 -Total Ig 86645 - IgM</p>	<p>Acceptable Specimen: 2 ml acute phase serum</p> <p>Normal Value: < 1:8</p> <p>Turn Around Time: 1 day</p>	<p>\$26</p>
<p>Cytomegalovirus PCR CPT CODE: 87498</p>	<p>Acceptable Specimen: Throat swab and biopsy in viral transport medium. CSF, urine, bronchial specimens, amniotic fluid and plasma in sterile container.</p> <p>Transport: 2 to 8°C</p> <p>Normal Value: Negative</p> <p>Turn Around Time: 3 days</p>	<p>\$25</p>
<p>Diphtheria Reference Culture</p>	<p>Refer to <i>Corynebacterium diphtheriae</i> Culture</p>	
<p>Eastern Equine Encephalitis Antibody IFA</p>	<p>Refer to Arboviral Encephalitis Panel</p>	

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Fungal Reference Culture CPT CODE: 87106 - Yeast 87107 - Mold	<p>Acceptable Specimen: Pure isolate in tubed medium such as Sabouraud Dextrose Agar or Amies transport medium. Plates not accepted.</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>Turn Around Time: 2 to 6 weeks</p>	\$27
Fungal Primary Culture CPT CODES: 87101 -Skin, Hair, Nails 87102 - Other Source 87103 - Blood 87106 - Yeast ID 87107 - Mold ID	<p>Acceptable Specimen: Sterile containers or on Sabouraud Dextrose Agar. Plates will not be accepted.</p> <p>Consult the Division of Laboratory Services for systemic pathogens such as histoplasma, coccidioides, and blastomyces.</p> <p>Normal Value: No fungi isolated</p> <p>Turn Around Time: Negative culture - 2 weeks Positive culture - 2 to 6 weeks</p>	\$29
Glanders - <i>Burkholderia mallei</i>	Refer to Bioterrorism Agent Testing	
Gonorrhoeae Culture	Refer to <i>Neisseria gonorrhoeae</i> Culture	
<i>Haemophilus influenzae</i> Serotyping CPT CODE: 87147x6	<p>Acceptable Specimen: Isolate in Amies (with charcoal) transport medium or appropriate tubed medium. Plates not accepted.</p> <p>Normal Value: Not applicable</p> <p>Turn Around Time: 2 days</p>	\$41
Handling Fee 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
Hantavirus Antibody Enzyme Capture-IgM, ELISA-IgG CPT CODE: 87449	<p>Acceptable Specimen: 2 ml acute phase serum</p> <p>Complete 'Hantavirus Pulmonary Syndrome Case Report Form' for testing approval</p> <p>Notify the Division of Laboratory Services of Hantavirus samples being shipped</p> <p>Normal Value: Negative</p> <p>Turn Around Time: Scheduled by individual case</p>	\$51

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Hepatitis A IgM Antibody CMIA CPT CODE: 86709	Acceptable Specimen: 2 ml acute phase serum Normal Value: Nonreactive Turn Around Time: 1 day	\$26
Hepatitis A, B & C Panel (Acute) CMIA CPT CODES: 87340 -HBsAg 86705 -AntiHBc IgM 86709 -AntiHAV IgM 86803 -Anti-HCV	Acceptable Specimen: 2 ml acute phase serum Normal Value: Nonreactive Turn Around Time: 1 day	\$104
Hepatitis B & C Panel (Acute) CMIA CPT CODES: 87340 - HBsAg 86705 - AntiHBc IgM 86803 - Anti-HCV	Acceptable Specimen: 2 ml acute phase serum Normal Value: Nonreactive Turn Around Time: 1 day	\$78
Hepatitis B Core Antibody, Total Ig CMIA CPT CODE: 86704 - Total Ig	Acceptable Specimen: 2 ml serum Normal Value: Nonreactive Turn Around Time: 1 day	\$26
Hepatitis B Core Antibody, IgM CMIA CPT CODE: 86705	Acceptable Specimen: 2 ml acute phase serum Normal Value: Nonreactive Turn Around Time: 1 day	\$26
Hepatitis B Surface Antibody Immune Status (Anti-HBs) CMIA CPT CODE: 86706	Acceptable Specimen: 2 ml serum Normal Value: Reactive Turn Around Time: 1 day	\$26
Hepatitis B Surface Antigen (HBsAg) CMIA CPT CODE: 87340	Acceptable Specimen: 2 ml serum Normal Value: Nonreactive Turn Around Time: 1 day	\$26

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Hepatitis C Virus Antibody, Total Ig (Anti-HCV) CMIA CPT CODE: 86803	Acceptable Specimen: 2 ml of serum Normal Value: Nonreactive Turn Around Time: 1 day *Positive tests (completed at NDDoH) will reflex to Hepatitis C RNA	\$26
Hepatitis C Virus Genotyping CPT CODE: 87902	Acceptable specimen: 3 ml whole blood in serum tube or 1.5 ml serum Whole blood: Must be received within 24 hours Transport: Room temperature Serum: Must be received within 48 hours Transport: 2 to 8°C Normal Value: Not Applicable Turn Around Time: Weekly on Thursdays	\$155
Hepatitis C Virus RNA (Qualitative) CPT CODE: 87521	Acceptable specimen: 3 ml whole blood in serum tube or 1.5 ml serum Whole blood: Must be received within 24 hours Transport: Room temperature Serum: Must be received within 48 hours Transport: 2 to 8°C Normal Value: Not Applicable Turn Around Time: Weekly on Tuesdays	\$55
Herpes Simplex Virus Antibody IgM and Total Ig IFA CPT CODE: 86694	Acceptable Specimen: 2 ml acute phase serum Normal Value: < 1:8 Turn Around Time: 1 day	\$26
Herpes Simplex Virus 1 & 2/Varicella zoster PCR CPT CODE: 87801	Acceptable Specimen: Genital, urethral, oral, tissue, and vesicle in viral transport medium. CSF in sterile container. Transport: 2 to 8°C Normal Value: Negative Turn Around Time: Weekly, Tuesday and Friday	\$51

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
HIV-1, 2 Antibody/HIV-1 p24 Antigen Combo CMIA (Screening Test) CPT CODE: 86703 - Screen	Acceptable Specimen: 3 ml serum Confirmatory testing will be performed on all reactive specimens following current CDC and CLSI guidelines for 4 th Generation HIV Ab/Ag Combo tests. Normal Value: Nonreactive Turn Around Time: 1 day	\$10
Immune Screens (MMR) CPT CODE: 86765- Measles 86735- Mumps 86762 - Rubella	Acceptable Specimen: 2 ml serum Normal Value: Measles > 1:16 Mumps > 1:16 Rubella - Immune Turn Around Time: Weekly, Tuesday and Thursday	\$78
Influenza Virus Type A & B PCR and Subtype Confirmation CPT CODE: 87798 87798 x 8	Acceptable Specimen: Specimen in viral transport medium Refer to collection, handling and source specific instructions in Appendix B. Transport: 2 to 8°C Sub-typing: A - H1, H3, H5, 2009 A, 2009 H1, H7 B - Yamagata, Victoria Normal Value: Not Applicable Turn Around Time: 3 days	No Charge
<i>Legionella pneumophila</i> Culture and Direct Fluorescent Antigen CPT CODES: 87081 - Presum Cult 87140 - Culture ID 87278 - DFA	Acceptable Specimen: Bronchial, lung, sputum, tissue in sterile container Normal Value: Negative Turn Around Time: Culture -7 days DFA - 1 day	\$36
Lyme Disease (<i>Borrelia burgdorferi</i>) Antibody, Total Ig EIA CPT CODE: 86618	Acceptable Specimen: 2 ml of serum Normal Value: Negative Turn Around Time: 2 days	\$76
Measles Virus (Rubeola) Antibody, IgM and Total Ig IFA CPT CODE: 86765	Acceptable Specimen: 2 ml acute phase serum Include immunization history on test request form. Normal Value: < 1:8 Turn Around Time: 1 day	\$26

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Measles Virus Antibody, IgG IFA CPT CODE: 86765	Acceptable Specimen: 2 ml serum Include immunization history on test request form. Normal Value: > 1:16 Turn Around Time: Weekly, Tuesday and Thursday	\$26
Measles Virus (Rubeola) PCR CPT CODE: 87798	Acceptable Specimen: Nasopharyngeal swabs or aspirates, nasal swabs, throat swabs, buccal swabs in viral transport medium. Urine in sterile container. Transport: 2 to 8°C overnight Normal Value: Negative Turn Around Time: 2 days	\$51
Melioidosis - Burkholderia pseudomallei	Refer to Bioterrorism Agent Testing	
Methicillin/ Vancomycin Resistant Staphylococcus aureus AST	Refer to Antimicrobial Susceptibility Testing	
MIC	Refer to Antimicrobial Susceptibility Testing	
Mumps Virus Antibody IgM and Total Ig IFA CPT CODE: 86735	Acceptable Specimen: 2 ml acute phase serum Include immunization history on test request form. Normal Value: < 1:8 Turn Around Time: 1 day	\$26
Mumps Virus Antibody, IgG IFA CPT CODE: 86735	Acceptable Specimen: 2 ml serum Include immunization history on test request form. Normal Value: > 1:16 Turn Around Time: Weekly, Tuesday and Thursday	\$26
Mumps PCR CPT CODE: 87798	Acceptable Specimen: Buccal swabs (preferred), throat swabs, and nasopharyngeal swabs or aspirates in viral transport medium. Urine in sterile container. Transport: 2 to 8°C overnight Normal Value: Negative Turn Around Time: 2 days	\$51

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
<p>Mycobacteria Primary Culture 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></p>	<p>Acceptable Specimen: Sterile container Contact the Division of Laboratory Services for collection and mailing kit. Refer to collection, handling and source specific instructions in Appendix B</p> <p>Transport: 2 to 8°C</p> <p>Normal Value: Mycobacteria Culture - No Mycobacteria isolated AFB Smear - No AFB seen</p> <p>Turn Around Time: 2 to 8 weeks</p>	<p>No Charge</p>
<p>Mycobacteria Reference Culture CPT CODES: 87118 - Biochem ID 87149x3 - DNA probes <i>M. tb complex</i> <i>M. avium complex</i> <i>M. gordonae</i></p>	<p>Acceptable Specimen: Isolate on tubed solid medium such as LJ slants, 7H10 slants, etc. Plates or liquid medium not accepted.</p> <p>Normal Value: Not applicable</p> <p>Turn Around Time: 2 to 6 weeks</p>	<p>No Charge</p>
<p>Mycobacteria Susceptibility</p>	<p>Isolates for susceptibility testing will be referred to a reference laboratory.</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.</p> <p>Susceptibility testing on mycobacteria isolates other than <i>M. tuberculosis</i> will be submitted to a reference laboratory upon request.</p> <p>Normal Value: Susceptible</p> <p>Turn Around Time: Not applicable</p>	<p>No Charge</p>
<p><i>Mycobacterium tuberculosis</i> Nucleic Acid Amplified Test CPT CODE: 87556</p>	<p>Acceptable Specimen: Sputum, bronchial specimens or tracheal aspirates. Specimens that are grossly bloody will not be tested.</p> <p>The MTD test is only intended for use on specimens from patients showing signs and symptoms consistent with active pulmonary tuberculosis. The MTD test must be performed in conjunction with mycobacterial culture.</p> <p>Assay performed at the request of the physician on symptomatic patients prior to treatment.</p> <p>Normal Value: Negative</p> <p>Turn Around Time: Test performed as needed</p>	<p>No Charge</p>

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
<p><i>Mycoplasma pneumoniae</i> Antibody, IgM IFA CPT CODE: 86738</p>	<p>Acceptable Specimen: 2 ml acute phase serum</p> <p>Normal Value: < 1:64</p> <p>Turn Around Time: 1 day</p>	<p>\$26</p>
<p><i>Neisseria gonorrhoeae</i> Culture CPT CODES: 87070 - Presum Cult 87077 - ID</p>	<p>Acceptable Specimen: Swab of collection site in Amies (with charcoal) transport medium</p> <p>Normal Value: Negative</p> <p>Turn Around Time: 3 days</p>	<p>No Charge</p>
<p><i>Neisseria gonorrhoeae</i> Nucleic Acid Amplification Test</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> Serogrouping CPT CODE: 87147x6</p>	<p>Isolate will be forwarded to Minnesota Department of Health.</p> <p>Acceptable Specimen: Pure isolate in Amies (with charcoal) transport medium or appropriate tubed medium. Plates not accepted.</p> <p>Normal Value: Not applicable</p> <p>Turn Around Time: MN Department of Health dependent</p>	<p>No Charge</p>
<p>Parasites, Blood Giemsa Stain CPT CODE: 87207 - Thin 87015 - Thick</p>	<p>Acceptable Specimen: 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>Turn Around Time: 2 days</p>	<p>\$29</p>

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Parasites, Stool CPT CODES: 87177 - Conc. and ID 87207 - Trichrome 87206 - Acid Fast	<p>Acceptable Specimen: Stool specimen in Proto-fix preservative Includes wet mount, trichrome stain and acid-fast stain (for <i>Cryptosporidium</i>, <i>Cyclospora</i> and <i>Isospora belli</i>) Contact the Division of Laboratory Services for collection kits.</p> <p>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>Normal Value: No parasites found</p> <p>Turn Around Time: 2 days</p>	\$29
Pertussis PCR/Culture	Refer to <i>Bordetella pertussis</i> PCR/Culture	
Plague(<i>Yersinia pestis</i>) Confirmation	Refer to Bioterrorism Agent Testing	
Prenatal Hepatitis B Surface Antigen CMIA CPT CODE: 87340	<p>Acceptable Specimen: 2 ml serum</p> <p>Normal Value: Nonreactive</p> <p>Turn Around Time: 1 day</p>	\$7
Q Fever, Total Ig IFA (QFV) CPT CODE: 86638	<p>Acceptable Specimen: 2 ml acute and convalescent (3 weeks post onset) phase sera</p> <p>Normal Value: < 1:256 or a less than fourfold increase in titer between acute and convalescent sera.</p> <p>Turn Around Time: 1 day</p>	\$26
Quantiferon Test (<i>Mycobacterium tuberculosis</i>) CPT CODE: 86480	<p>Acceptable Specimen: Three tube blood collection kit</p> <p>Call the Division of Laboratory Services for a collection kit. Refer to Appendix B for specimen collection, processing and transport instructions.</p> <p>Samples must be received Monday through Thursday.</p> <p>Normal Value: Negative</p> <p>Turn Around Time: Weekly, Wednesday</p>	\$100

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Rabies Direct Antigen Detection DFA	<p>Acceptable Specimen: Appropriate brain tissue Contact the Division of Laboratory Services for assistance.</p> <p>Please call for consultation if animal brain cannot be removed prior to submission.</p> <p>Transport: 2 to 8°C</p> <p>Normal Value: Negative</p> <p>Turn Around Time: 1 day</p> <p>*No charge for tissue analysis from animals involving North Dakota residents. \$50.00 charge if client is not a North Dakota resident.</p>	\$50*
Reference Culture with MIC Susceptibility Testing	Refer to Antimicrobial Susceptibility Testing – Reference Bacteria	
Respiratory Viral Molecular Panel CPT CODE: 87633	<p>Acceptable Specimen: Nasopharyngeal swabs in viral transport medium</p> <p>This assay simultaneously tests for the following respiratory viruses: Influenza A, Influenza B, Respiratory Syncytial Virus (RSV) A & B, Parainfluenza 1, 2 & 3, Human Metapneumovirus, Human Rhinovirus, Adenovirus B/E and C.</p> <p>Transport: 2 to 8°C</p> <p>Normal Value: Negative</p> <p>Turn Around Time: Weekly, Thursday</p>	\$85
Ricin Toxin	Refer to Bioterrorism Agent Testing	
Rocky Mountain Spotted Fever Antibody IFA CPT CODE: 86757	<p>Acceptable Specimen: 2 ml acute and convalescent (3 weeks post onset) phase sera</p> <p>Normal Value: < 1:64 or less than fourfold increase in titer between acute and convalescent sera.</p> <p>Turn Around Time: 1 day</p>	\$26
RPR Syphilis Screen Rapid Plasma Reagin CPT CODE: 86592	<p>Acceptable Specimen: 2 ml serum</p> <p>Normal Value: Nonreactive</p> <p>Reactive RPR will be confirmed by TP-PA.</p> <p>Turn Around Time: Nonreactive - 1 day Reactive - Weekly, Tuesday and Thursday</p>	\$6

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Streptococcus Serological Grouping Latex Agglutination CPT CODE: 87147 x 5	Acceptable Specimen: Pure isolate in Amies (with charcoal) transport medium Normal Value: Group designation Turn Around Time: 2 days	\$31
TORCH Antibodies, IgM and Total Ig IFA/EIA CPT CODE: 86777 - Toxo IFA 86762 - Rubella EIA 86645 - CMV IFA 86694 - Herpes IFA	Acceptable Specimen: 2 ml acute phase serum Normal Value: Toxoplasma < 1:16 CMV < 1:8 Herpes < 1:8 Rubella Negative Turn Around Time: 1 day	\$104
Toxoplasma gondii Antibody, IgM and Total Ig IFA CPT CODE: 86777 - Total Ig 86778 - IgM	Acceptable Specimen: 2 ml acute phase serum Include immunization history on test request form. Normal Value: < 1:16 Turn Around Time: 1 day	\$26
Treponema pallidum Particle Agglutination CPT CODE: 86780	Acceptable Specimen: 2 ml serum Normal Value: Non-reactive Turn Around Time: Weekly, Tuesday and Thursday	No Charge
Tularemia (Francisella) Confirmation	Refer to Bioterrorism Agent Testing	
Vaccinia	Refer to Bioterrorism Agent Testing	
Varicella zoster Virus Antibody, IgM and Total Ig IFA CPT CODE: 86787	Acceptable Specimen: 2 ml acute phase serum Normal Value: < 1:8 Turn Around Time: 1 day	\$26
Varicella zoster Virus Antibody, IgG IFA CPT CODE: 86787	Acceptable Specimen: 2 ml serum Normal Value: > 1:16 Turn Around Time: Weekly, Tuesday and Thursday	\$26

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Varicella zoster/Herpes Simplex Virus 1 & 2 PCR CPT CODE: 87801	Acceptable Specimen: Genital, urethral, oral, tissue, and vesicle in viral transport medium. CSF in sterile container. Transport: 2 to 8°C Normal Value: Negative Turn Around Time: Weekly, Tuesday and Friday	\$51
VDRL (Syphilis screen) Slide Flocculation CPT CODE: 86592	Acceptable Specimen: 1 ml spinal fluid Normal Value: Nonreactive Turn Around Time: Weekly on Fridays.	\$11
<i>Vibrio cholerae</i> Confirmation CPT CODE: 87147x3	Acceptable Specimen: Pure isolate in appropriate tubed medium or Amies (with charcoal) transport medium. Plates not accepted. Isolate will be referred to the Centers for Disease Control and Prevention for subtyping. Normal Value: Not applicable Turn Around Time: CDC dependent	No Charge
Vibrio Culture CPT CODES: 87046 - Presum Cult 87077 - ID	Acceptable Specimen: Stool samples or rectal swabs in appropriate transport medium from acute cases Normal Value: Negative Turn Around Time: 3 days	\$26
Viral Culture CPT CODES: 87252 - Tissue Cult 87253 - ID	Acceptable Specimen: Swabs in viral transport medium Refer to specific culture type for more information (eg. RSV culture) Viral cultures are reserved for those viruses that are not offered by PCR at the NDDOH. Normal Value: Negative Turn Around Time: 14 to 28 days	\$41
Western Equine Encephalitis Antibody IFA	Refer to Arboviral Encephalitis Panel	

Clinical Laboratory Testing and Fee Schedule
Analytical Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
West Nile Virus Antibody, IgM EIA CPT CODE: 86788	Acceptable Specimen: 2 ml late acute phase serum Normal Value: Negative Turn Around Time: 3 days *A \$60 charge applies if performed out-of-season. (Season: June 1 – September 30)	No Charge*
<i>Yersinia pestis</i> Confirmation (Plague)	Refer to Bioterrorism Agent Testing	
<p align="center"> SPECIFIC TESTS NOT IN THIS LISTING MAY BE AVAILABLE. CONSULT THE DIVISION OF LABORATORY SERVICES AT 701.328.6272. FOR THE MOST ACCURATE CPT CODE ASSIGNMENT, PLEASE REFER TO THE 2016 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 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 to speak to the case manager.

There is No Charge for Bioterrorism Agent Testing.

Test	Source/Collection	Analytical Time/Other
Bacillus anthracis (Anthrax) Confirmation PCR/Culture	<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, biochemicals and molecular analysis. Plates are not accepted.</p> <p>Cutaneous: Collect vesicular fluid with sterile swab or collect from beneath the eschar. Transport at room temperature.</p> <p>Gastrointestinal: Collect blood, stool, or rectal swabs. Transport at room temperature.</p> <p>Inhalational: Collect blood, transport at room temperature.</p>	Preliminary results 1 day; Confirmation 1 to 2 days.
Brucellosis Confirmation PCR/Culture	<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, biochemicals and molecular analysis. Plates are not accepted.</p> <p>For primary isolation and PCR, collect blood or bone marrow, transport at room temperature.</p>	Preliminary results 1 day; Confirmation 3 to 5 days.
Burkholderia mallei (Glanders) or Burkholderia pseudomallei (Meliodosis) PCR/Culture	<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, biochemicals and molecular analysis. Plates are not accepted.</p> <p>Blood, bone marrow, sputum, abscess and wound swabs, urine. Transport blood at room temp; all others transport at 2 to 8 °C.</p>	Preliminary results 1 day; Confirmation 1 to 2 days.

Test	Source/Collection	Analytical Time/Other
Clostridium botulinum toxin DIG ELISA/PCR/Mouse Bioassay	Contact the Division of Laboratory Services for specific recommendation regarding collection and transportation. All testing will be performed by the Minnesota Department of Health and/or the Centers for Disease Control and Prevention.	Analytical Time: Procedure dependent.
Francisella tularensis (Tularemia) Confirmation PCR/Culture	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. Plates are not accepted. For primary isolation and PCR collect blood, biopsied tissue or ulcer scraping. Transport blood at room temperature. Transport tissue and ulcer samples at 2 to 8°C.	Preliminary results 1 day; Confirmation 2 to 4 days.
Ricin Toxin TRF/PCR (Environmental BT Specimens Only)	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.	Analytical Time: 1 day.
Smallpox PCR Vaccinia PCR	Contact the Division of Laboratory Services for consultation regarding sample collection/shipment. 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. 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.	Preliminary PCR results within 1 day for vaccinia, VZV and non variola panel. Confirmation for Smallpox will be performed by the Minnesota Department of Health and/or the Centers for Disease Control and Prevention. The smallpox risk level 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.
Yersinia pestis (Plague) Confirmation PCR/Culture	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. Plates are not accepted. 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.	Preliminary results 1 day; Confirmation 3 to 5 days.



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.images.fedex.com/us/services/pdf/LZR_DG-DEC.pdf

FedEx Dangerous Goods Job Aid

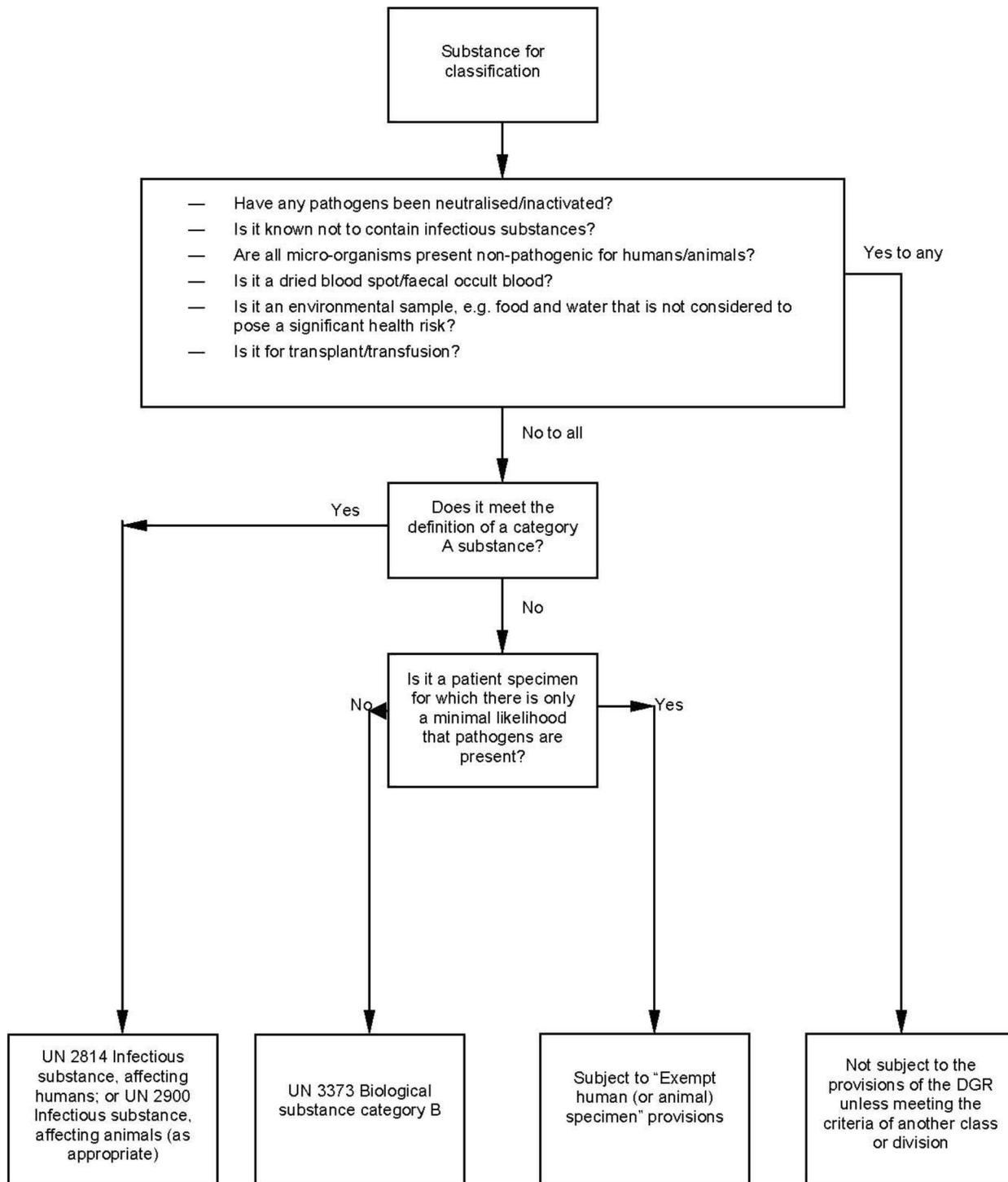
http://www.images.fedex.com/us/services/pdf/DG_Job_Aid.pdf

Fed Ex Dangerous Goods Acceptance Checklist

http://images.fedex.com/us/services/pdf/DG_NRChecklist_2015.pdf

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

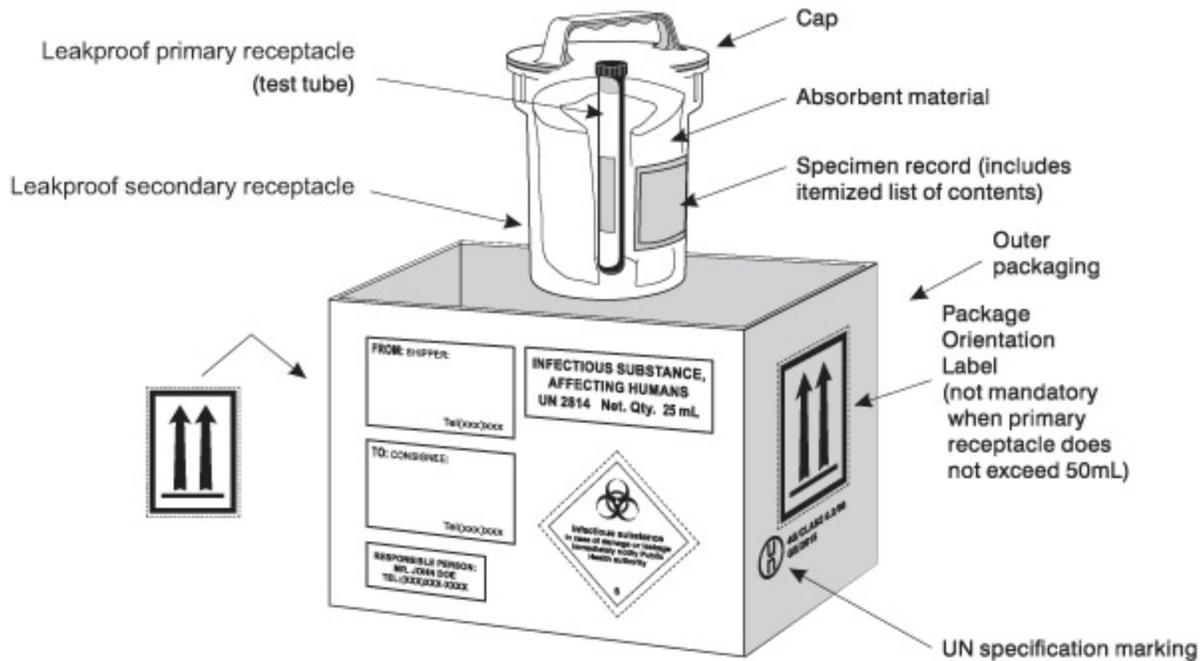
ANNEX 2-Classification Flowchart



ANNEX 3

Example of Packing and Marking for Category A Infectious Substances

(See Packing Instruction 620 for additional requirements)



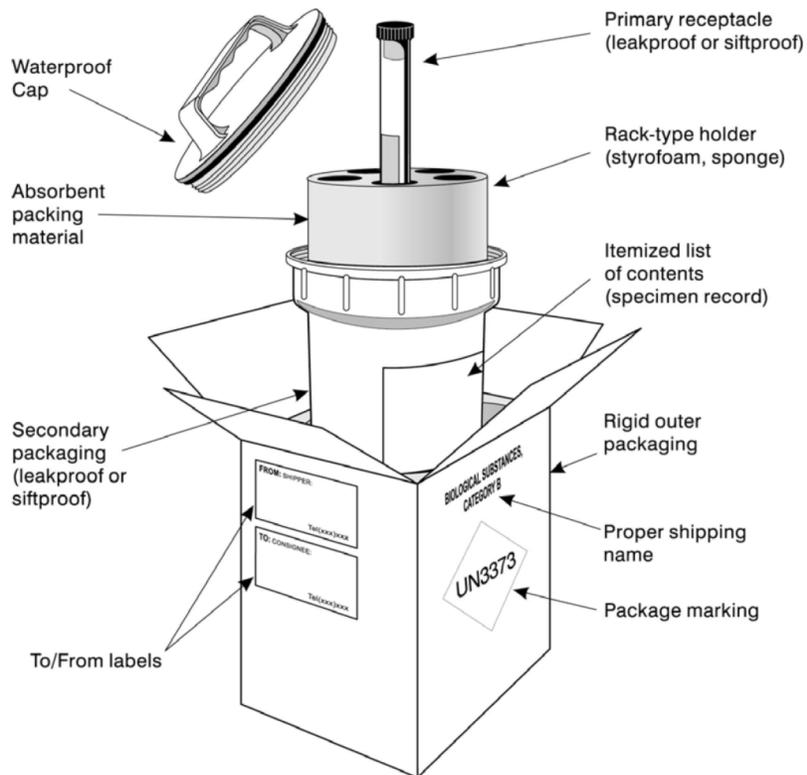
Notes:

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)

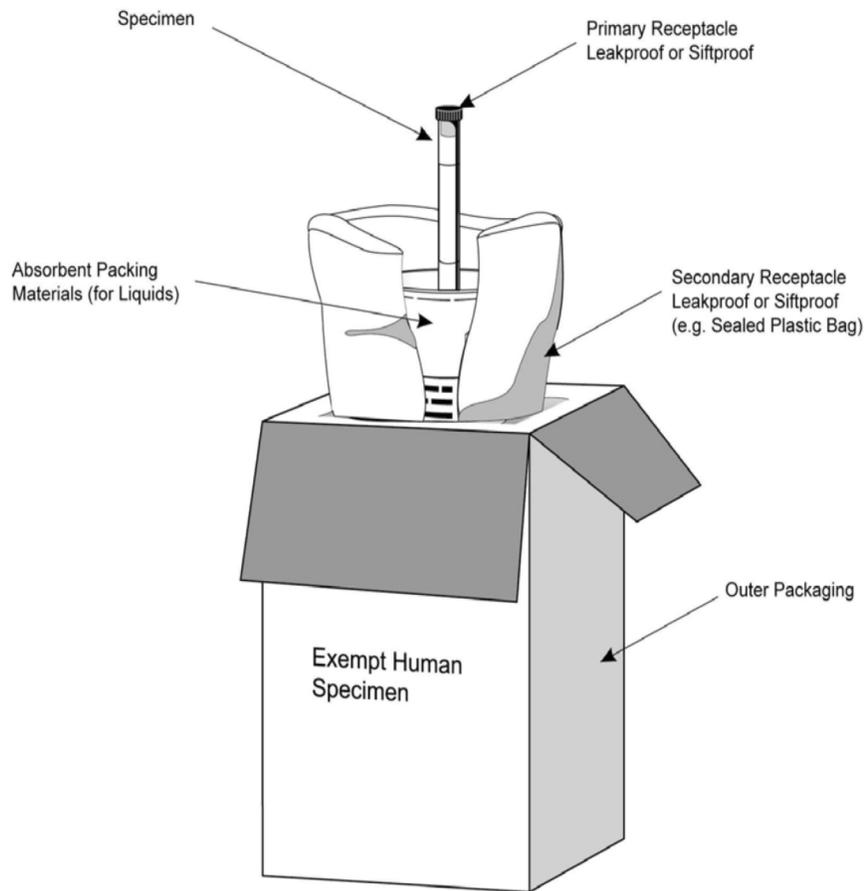


Notes:

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

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**

Source	Collection <i>Do not use fixatives or preservatives.</i>	Volume	*Container/Transport <i>Use sterile, leak-proof containers. Never mail cultures in petri dishes or specimens in urine cups.</i>
Body Fluids	Disinfect site with alcohol if collecting with syringe.	Abdominal 10 - 15ml Pericardial, Synovial 3 - 5ml CSF 2ml	Refrigerate at 2 to 8°C
Blood and Bone Marrow	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.
Bronchial Wash	Avoid contaminating bronchoscope with tap water.	5 - 7ml	Refrigerate at 2 to 8°C
Gastric	Collect a fasting early-morning specimen. Use sterile saline. If specimen transport is delayed >4hours from collection, add 100mg sodium carbonate or 4% NaOH immediately to neutralize the pH.	5 - 10ml	Refrigerate at 2 to 8°C
Sputum	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. Specimens collected on the same day will be considered the same and only one processed.	5 - 10ml Do not pool specimens	Ship specimens within 24 hours. Do not wait and send consecutively collected specimens together. Refrigerate at 2 to 8°C
Stool	Collect without contaminating with urine.		Refrigerate at 2 to 8°C
Swab	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. Refrigerate at 2-8°C
Tissue	Aseptically collect in sterile container without fixatives or preservatives. Add only enough sterile saline to prevent drying. Do not wrap in gauze or send on swab.	1gram	Refrigerate at 2 to 8°C
Urine	First morning void collected on three consecutive days. Either clean-catch or catheterization. Do not pool specimens or obtain from catheter bag.	40 ml	Refrigerate at 2 to 8°C

***See appendix A for packing and labeling instructions.**

APPROVAL CRITERIA FOR USE OF THE MTD TEST (NAAT)

The NDPHL 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.

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 3 tubes.
 - **Tubes fill slowly**
 - Use of a syringe may insure correct blood volume.
 - When tube is upright, blood must meet the small black mark on the label.
 - If butterfly needle is used, first 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 mix the tubes by inverting 10 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 3 collection tubes.
4. **MAINTAIN** tubes at room temperature until incubation.
5. It is recommended the **INCUBATION** at your facility start as soon as possible. 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 3 tubes upright at 37°C for 16 to 24 hours.
 - If delayed following collection, re-mix tubes again by inverting ten times immediately before incubation
 - Improper incubation may cause erroneous results.
 - Humidity and CO₂ is not required.
2. **CENTRIFUGE** tubes for 15 minutes at 3000 RCF (g) after incubation.
3. **PLACE** all 3 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: _____

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

Give brief history of exposure incident:

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- Type of Antimicrobial:				
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		
Cancer Site		Date Cancer Diagnosed (M/D/Y)		Cancer Histology			
Comments							

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

<p>AIDS</p> <p>Anthrax 📞📍🚫</p> <p>Arboviral infection (specify etiology)</p> <p>Botulism 📞📍🚫</p> <p>Brucellosis 📞📍🚫</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>Cholera 📞📍</p> <p>Clostridium perfringens intoxication 📞📍🚫</p> <p>Coccidiomycosis 📍🚫</p> <p>Creutzfeldt-Jakob disease</p> <p>Cryptosporidiosis</p> <p>Diphtheria 📞📍</p> <p>E. coli (shiga-toxin producing strains) 📍</p> <p>Enterococcus, Vancomycin-resistant (VRE) 📍</p> <p>Foodborne/waterborne outbreaks 📞</p> <p>Giardiasis</p> <p>Glanders 📞📍🚫</p> <p>Gonorrhea</p> <p>Haemophilus influenzae (invasive) 📍</p> <p>Hantavirus 📞📍</p> <p>Hemolytic uremic syndrome 📞</p> <p>Hepatitis (specify type) ◆</p> <p>HIV infection ○📍</p> <p>Influenza</p>	<p>Klebsiella pneumoniae Carbapenemase (KPC)-producers ❖📍</p> <p>Laboratory incidences with possible exposure to Category A Agents or novel influenza virus 📞🚫</p> <p>Legionellosis</p> <p>Listeriosis 📍</p> <p>Lyme disease</p> <p>Malaria 📍</p> <p>Measles (rubeola) 📞📍</p> <p>Melioidosis 📞📍🚫</p> <p>Meningitis (bacterial) 📍</p> <p>Meningococcal disease (invasive) 📞📍</p> <p>Mumps 📞</p> <p>Nipah virus infections 📞📍🚫</p> <p>Nosocomial outbreaks (institutions)</p> <p>Pertussis 📞📍</p> <p>Plague 📞📍🚫</p> <p>Poliomyelitis 📞📍</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>Rabies (animal or human) 📞📍</p> <p>Rocky Mountain spotted fever 📞🚫</p> <p>Rubella 📞📍</p> <p>Salmonellosis 📍</p> <p>Scabies outbreaks (institutions)</p>	<p>Severe Acute Respiratory Syndrome (SARS) 📞📍</p> <p>Shigellosis 📍</p> <p>Smallpox 📞📍🚫</p> <p>Staphylococcus aureus, Methicillin-resistant (MRSA) ◆■</p> <p>Staphylococcus aureus, Vancomycin-resistant/intermediate (VRSA/VISA) 📞📍</p> <p>Staphylococcus enterotoxin B intoxication 📞📍🚫</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>Tuberculosis 📞📍</p> <p>Tularemia 📞📍🚫</p> <p>Typhoid Fever 📞📍</p> <p>Unexplained critical illness/death 📞</p> <p>Unusual disease cluster 📞</p> <p>Vibriosis 📍</p> <p>Viral hemorrhagic fevers 📞📍🚫</p> <p>Weapons of Mass Destruction suspected event 📞🚫</p> <p>Yellow fever 📞📍</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
- ▲ 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

Supply Request Form



LABORATORY SUPPLY REQUEST
North Dakota Department of Health
Division of Laboratory Services-Microbiology
SFN 16120 (11-2013)
Phone Number: 701.328.6272
FAX Number: 701.328.6280

DATE: _____

Customer Code

Facility					
Address		City	Zip Code		
Name of Caller					
Phone Number		OFFICE USE ONLY			
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 on-line at www.ndhealth.gov/microlab

Website References

North Dakota Department of Health

Division of Laboratory Services-Microbiology:

www.ndhealth.org/microlab

Centers for Disease Control and Prevention:

www.cdc.gov

North Dakota Department of Health

Division of Disease Control:

www.ndhealth.gov/disease

American Society for Microbiology:

www.asm.org

For Safety Recommendations:

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

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

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