

# Collection, Form and Mailing Instructions for Lyme Specimens

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## Specimen Collecting Instructions:

### A. Blood Specimens

1. Collect venous blood into clean SST tubes filling approximately 2/3 full.
2. Provide one tube of blood
3. Provide a minimum of 1 ml, if sending serum
4. Place patient's name and draw date on the collection tube.
5. Send specimens to the lab immediately after collection, to insure best results. Allowing the serum to sit on the clot for long periods can cause hemolysis. Badly hemolyzed, very lipemic or bacterially contaminated blood produces unreliable results.

## Form Instructions:

The form can be accessed on the OLS website. [www.dhhr.org/labservices](http://www.dhhr.org/labservices).

1. Print legibly. Complete the form using blue or black ink.
2. The Clinical Laboratory Improvement Amendments (CLIA) requires:
  - a. A unique identifier on both the form and the specimen (usually first and last name)
  - b. Address of Submitter
  - c. Date of Birth or Age of Patient
  - d. Gender of Patient
  - e. The Test to be Performed
  - f. The Source of the Specimen- Blood/Serum
  - g. Date of Collection
  - h. Any Additional Information relevant to testing(i.e. information necessary by the program)
3. The instructions below will indicate if the information is Optional, CLIA required or Program required.

### Patient Information:

PATIENT INFORMATION		
PATIENT ID (Chart #, etc.) <i>(optional)</i>		
LAST NAME	FIRST NAME	MI
DATE OF BIRTH	SS# (last 4 digits only)	
COUNTY OF RESIDENCE	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	
STREET ADDRESS		
CITY	STATE	ZIP
PATIENT PHONE NO. <i>(optional)</i>		
RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native Hawaiian or other Pacific Islander		
ETHNICITY <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown		

1. Patient ID – This refers to a chart number or some other internal ID that your facility uses to identify its patients **(Optional)**
2. Last Name, First Name, MI – Patients full name **(unique identifier required by CLIA)**
3. Date of Birth – **(Required by CLIA)**
4. Social Security Number – last 4 digits only **(Optional)**
5. County of Residence – The patient's county of residence is not always the same as the provider's county. **(Required by Program)**
6. Sex – **(Required by CLIA)**
7. Street Address, City, State, Zip Code- **(Required by program)**
8. Patient Phone Number- **(Required by program)**
9. Race – More then one can be marked **(Required by program)**
10. Ethnicity – **(Required by program)**
11. Patient Type – **(Required by Program)**

**SUBMITTER INFORMATION**

SUBMITTER NAME		
STREET ADDRESS		
CITY	STATE	ZIP
COUNTY		
ATTENTION TO:		
PHONE NO.		
FAX NO.		

**Submitter Information:**

1. Clinic Number- This refers to the clinic number that is assigned by the program. The Family Planning clinic number is usually 10 digits or the letters FP appear in it. **(Optional)** The STD program does not currently have clinic numbers.
2. Submitter Name – The official name of the site. **Do not use the initials of your site. (Required by CLIA)**
3. Street Address, City, State, Zip Code- **(Required by CLIA)**
4. County- **(Required by Program)**
5. Attention To: - This line is to be filled out if the results are to go to a specific individual or department with in the facility. **(Mandatory for HIV Program)**
6. Phone Number and Fax Number – **(Required by Program)**

**Other Information:**

1. Date of Collection – **(Required by CLIA)**
2. Test Requested- **(Required by CLIA)**
3. Collection Site/Clinic Type – **(Required by the Program)**

<b>DATE OF COLLECTION</b>
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<b>TEST(S) REQUESTED:</b>
<input type="checkbox"/> EIA for <i>Borrelia burgdorferi</i> (Lyme)

<b>SITE/SOURCE OF SPECIMEN:</b>
<input type="checkbox"/> Blood/serum

4. Clinical Syndrome(s) - Check all that apply to the patient

<b>CLINICAL SYNDROME(S):</b>
<input type="checkbox"/> 2 <sup>nd</sup> or 3 <sup>rd</sup> degree atrioventricular block
<input type="checkbox"/> Arthritis characterized by brief attacks of joint swelling
<input type="checkbox"/> Bell's Palsy or other cranial neuritis
<input type="checkbox"/> Encephalitis/encephalomyelitis
<input type="checkbox"/> Erythema migrans present (>5cm)
<input type="checkbox"/> Lymphocytic meningitis
<input type="checkbox"/> Radiculoneuropathy
<input type="checkbox"/> Other ( <i>specify</i> : _____ )

<b>MANDATORY LYME TESTING INFORMATION:</b>
Travel History (Date/Location):
Date of Symptom(s) Onset:
Has the patient been vaccinated for Lyme disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Vaccination (if known):
Was/is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Mandatory Lyme Testing Information  
**(Required by the Program)**

- a. Fill out as completely as possible
- b. If applicable, please include the due date of the patient on the line provided
- c. Additional information (such as treatment or patient history) can be placed under comments

Comments:

**Mailing Instructions****MAILING THE SPECIMEN IN THE MAILING KIT**

Supplies for testing are provided by the Office of Laboratory Services and can be ordered using the DI Supply Requisition Form which is available at [www.wvdhhr.org/labservices](http://www.wvdhhr.org/labservices).

Packaging provided by OLS meets all current DOT and Postal Regulations

**PREPARE BLOOD SPECIMEN(S) FOR MAILING**

- a. Place blood tube(s) in the inner plastic container ( maximum 8 tubes per container)
- b. Place 2 absorbent pads in the inner plastic container with the tubes.
- c. Screw lid on plastic container
- d. Fold the DI requisition form in half length- wise and wrap forms around plastic container
- e. Place inner container and forms into outer container, apply postage or UPS labels, and mail.
- f. **Note: If your site is sending less then 8 tubes and concerned about the tubes 'rattling' around in the container- add some additional padding such as a paper towel to the inner container.**

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