

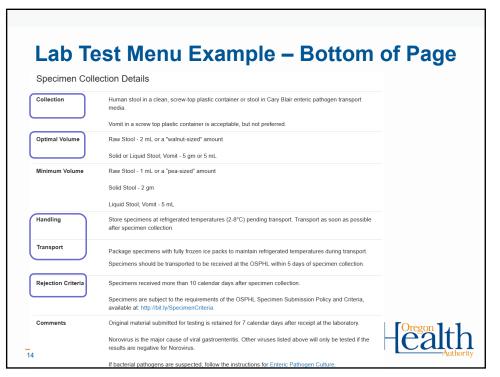


ordering S					
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Oregon State Public Health Laboratory Stockroom Order – Form 71-54			http://bitly.com/PHLStockOrder		
Instructions: Please fill out comp		nd use numerals (e.g., 1, 2)		602 5600	
Consider supply exp Call 503-693-4100 v		choosing quantities. Fax co	npieted form to 503	-693-5600.	
Facility Name		Talaphana			
		Telephone:			-
Street Address:		City, State, Zip:			-
(no PO boxes)					
Contact Name:		 Contact Phone:			_
Please include Test Requ	est Forms with my or	der.			
Don't include forms. Our forms from the OSPHL	facility orders testing website: <u>www.bitly.c</u>	gelectronically or I will use to om/phl-forms.	he fillable PDF or pri		
Don't include forms. Our	facility orders testing website: <u>www.bitly.c</u> Form # of	g electronically or I will use to om/phl-forms. Media Only		nt my own Quantity	
Don't include forms. Our forms from the OSPHL Collection Kits*	facility orders testing website: <u>www.bitly.c</u>	g electronically or I will use f om/phl-forms. Media Only Enteric Stool (Cary Bla	ir / bacterial)		
Don't include forms. Our forms from the OSPHL Collection Kits* For All Clients:	facility orders testing website: <u>www.bitly.c</u> Form # of	g electronically or I will use i om/phl-forms. Media Only Enteric Stool (Cary Bi Pertussis (Regan Lowe	ir / bacterial)		
Don't include forms. Our forms from the OSPHL Collection Kits* For All Clients: Chlamydia/gonorrhea	facility orders testing website: www.bitly.c Form # of # Kits	g electronically or I will use f om/phl-forms. Media Only Enteric Stool (Cary Bit Pertussis (Regan Lown Respiratory Viruses (I	ir / bacterial)		
Don't include forms. Our forms from the OSPHL Collection Kits* For All Clients: Chlamydia/gonorrhea Multitest Swab (vaginal)	facility orders testing website: www.bitly.c Form # of # Kits 42	s electronically or I will use i om/phl-forms. Media Only Enteric Stool (Cary Bli Pertussis (Regan Lown Respiratory Viruses (L Media)	ir / bacterial)	Quantity	
Don't include forms. Our forms from the OSPHL Collection Kits* For All Clients: Chlamydia/gonorrhea Multitest Swab (vaginal) Unisex Swab (urethral, rectal)	facility orders testing website: www.bitly.c Form # of # Kits 42 42	e electronically or I will use t om/bil-forms. Media Only Enteric Stool (Cary Bil Pertussis (Regan Lown Respiratory Viruses (L Media) Courier Supplies	ir / bacterial)		
Don't include forms. Our forms from the OSPHL Collection Kits* For All Clients: Chlamydia/gonorrhea Multitest Swab (vrethral, rectal) Unisex Swab (urethral, rectal) Urine	facility orders testing website: www.bity.c Form # of Kits 42 42 42	g electronically or I will use i om/ohl-forms. Media Only Enteric Stool (Cary Blå Pertussis (Regan Low Respiratory Viruses (L Media) Courier Supplies Gel/Ice Packs	ir / bacterial) :) iniversal Transport	Quantity	
Don't include forms. Our forms from the OSPHL Collection Kits* For All Clients: Chlamydia/gonorrhea Multitest Swab (vaginal) Unises Swab (urethral, rectal) Urine Virology / Immunology Blood	facility orders testing website: www.bitly.c Form # of # Kits 42 42	e electronically or I will use t om/phl-forms. Media Only Enteric Stool (Cary Bic Pertussis (Regan Low Respiratory Viruses (L Media) Courier Supplies Gel/Ice Packs Specimen Bags (w/ pr	ir / bacterial) :) iniversal Transport	Quantity	
Don't include forms. Our forms from the OSPHL Collection Kits* For All Clients: Chlamydia/gonorrhea Multitest Swab (vaginal) Unisex Swab (urethral, rectal) Urine Virology / Immunology Blood (Hepatits, HIV, Serology)	facility orders testing website: www.bity.c Form # of Kits 42 42 42	s electronically or I will use t om/phi-forms. Media Only Enteric Stool (Cary Bil Pertussis (Regan Lown Respiratory Viruses (L Media) Courier Supplies Gel/ice Packs Specimen Bags (w/pc material)	ir / bacterial) :) iniversal Transport	Quantity	
Don't include forms. Our forms from the OSPHL Collection Kits* For All Clients: Chlamydia/gonorrhea Mutitest Swab (vaginal) Unises Swab (urethral, rectal) Urine Virology / Immunology Blood	facility orders testing website: www.bity.c Form # of Kits 42 42 42	e electronically or I will use t om/phl-forms. Media Only Enteric Stool (Cary Bic Pertussis (Regan Low Respiratory Viruses (L Media) Courier Supplies Gel/Ice Packs Specimen Bags (w/ pr	ir / bacterial) e) iniversal Transport ckets & absorbent	Quantity	Coregon 1

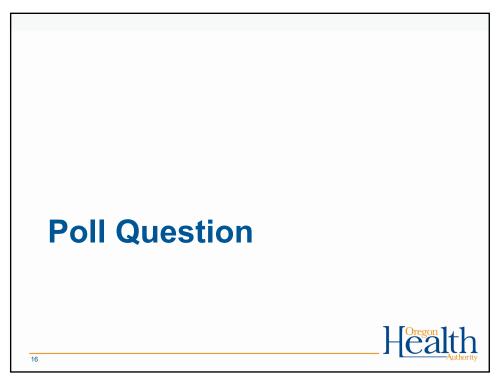


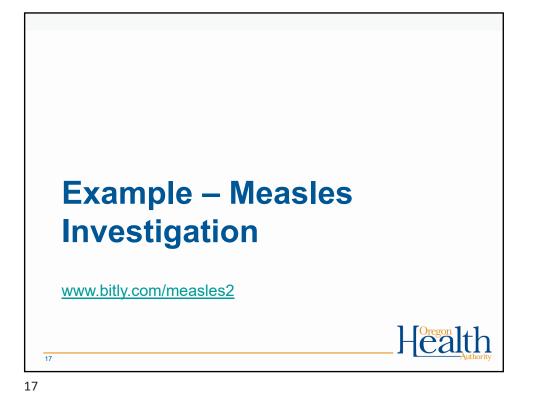
	of Lab Tests
Tip: Use the search box	to locate your test. For example, search for "Newborn" to see a list of all newborn screening tests.
	Details page you have selected does not print correctly, try using another browser such as Chrome or Interne
Explorer.	
noro	Q = Sort -
Test Name It	Search Terms
BioFire FilmArray Multiplex Gastrointestinal PCR Panel	Adenovirus F40/41; Astrovirus; Campylobacter (jejuni, coli, and upsaliensis); Clostridium difficile (toxin A/B); Cryptosporidium; Cyclospora cayetanensis; E. coli 0157; Entamoeba histolytica; Enteroaggregative E. coli (EAEC); Enteropathogenic E. coli (EPEC); Enterotoxigenic E. coli (ETEC) t/st; Giardia lamblia; Norovirus Gl/Gli; Plesiomonas shigelloides; Rotavirus A; Salmonella; Sapovirus (I, II, IV, and V); Shiga-like toxin- producing E. coli (STEC) str/1stv2; Shigella/Enteroinvasive E. coli (EIEC); Vibrio (parahaemolyticus, vulnificus, and cholerae); Yersinia enterocolitica
Norovirus, RT-PCR	

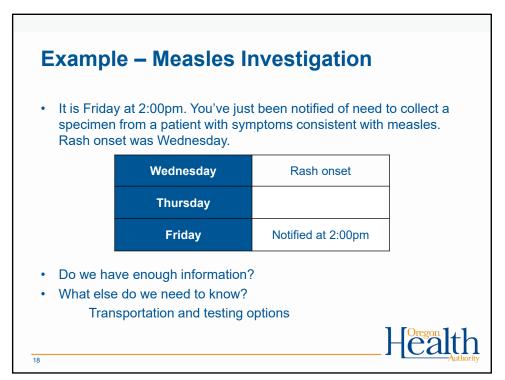
Lab Tes	st Menu Example – Top of Page
Viral Gastroen	teritis Panel, Real-Time RT-PCR
Updated	3/15/2021
Search Terms	Astrovirus; Calicivirus; Norovirus; Sapovirus; Rotavirus; Gastrointestinal Viruses; Norwalk
How to Order	On the Virology/Immunology Test Request Form (OHA0042), in the "Other" section, check the "Norovirus RT-PCR" box.
Availability	With approval from the Acute and Communicable Disease Program or Local Public Health Authorities
Performed	As needed
Time to Reporting	Within 7 working days after receipt of specimen
CPT Code	87798 x 2 if Norovirus positive, 87798 x 5 if Norovirus negative
13	Health

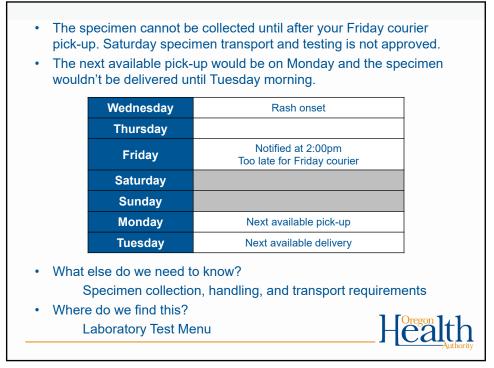


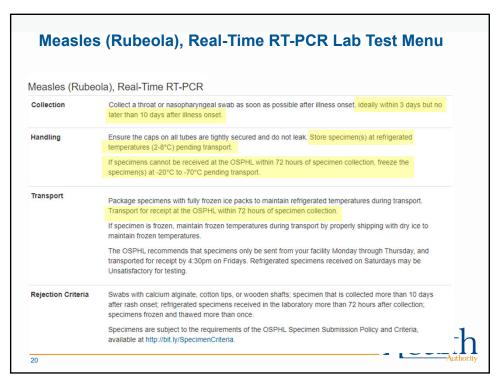
Lab Te	est Menu Example – End
Method Details	3
Methodology	Real-Time Reverse-Transcription Polymerase Chain Reaction
Performance Specifications	Method Performance Specifications determined by the Centers for Disease Control and Prevention (CDC). Please contact the CDC for specifications if needed.
Change Log	
3/15/2021	Edit Test Name and Performance Specifications
	Health
15	Authority

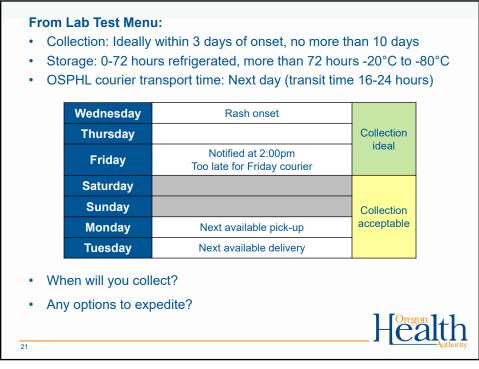










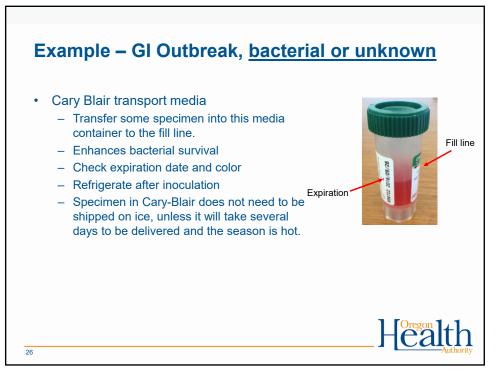


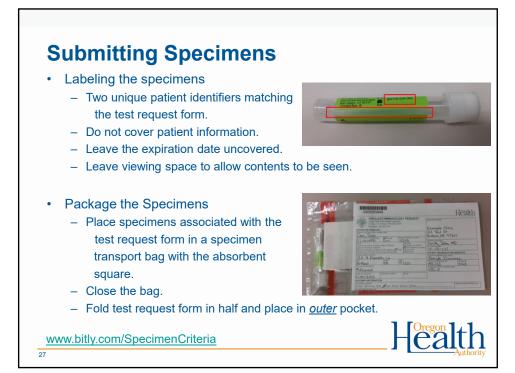
Test Requ	lest Forms	www.bitly.com/phl-forms
Oregon State Public Health	OBIOLOGY REQUEST .aboratory (OSPHL) uite 100; Hillsboro, OR 97124	Health
PATIENT INFORMATION "Patient last name, first, middle initial:	VIROLOGY/IMMUNOL Oregon State Public Health Laborator	y (OSPHL)
*Date of birth (mm/dd/yyyy): *Sex/gender:	7202 NE Evergreen Pkwy. Suite 100; Information: 503-693-4100	Hillsboro, UK 9/124
Race: American Indian or Alaska Native Asian Black or African American White Native Hawaian or Other Pacific Islander Multi-ace Other Unknown Declined Patient street address:	C Female C F to M Male M to F	hart number:
City: State: *County of Residence: Outbreak number:	Native Hawaiian or Other Pacific Islander Unknow Multi-race Other Unknown Declined Decline	n n
PATIENT INSURANCE INFORMATION	Patient street address:	*Ordering clinician:
"Insurance/Health plan name: 🗌 No	City: State: ZIP:	Contact number:
SPECIMEN / ISOLATE INFORMATION Date of collection: Time of collection (##.##):	*County of Residence: Outbreak number: Study:	Copy results to: County of Residence State Public Health
*Original specimen source: Blood Nasopharyngeal swab Sputum S	PATIENT INSURANCE INFORMATION Insurance/Health plan name:	None Confidential Policy no.: Group ID:
CIDT (Culture-Independent Diagnostic Test) — Was	Diagnosis/ICD-10 code for test:	Public Health Program eligible patient (for participating locations only): STD Program RH Program Other:
		Hospitalized? Pregnant? Illness onset date: Acute Yes No Yes No Unknown Convalescent
	*Specimen source: Blood Vomit Urine Swale :	stool 🗌 Serum 🔲 Other
22		/ gariorit



Organism(s) Suspected	Туре	Test to Order	Specimen *
Astrovirus; Calicivirus; Norovirus; Sapovirus; Rotavirus	Viral	Viral Gastroenteritis Panel, RT-PCR	Raw stool in collection cup
Salmonella; Shigella; E. coli O157; STEC; Campylobacter	Bacterial	Enteric Pathogen Culture	Stool in Cary Blair
Bacillus cereus; Staphylococcus aureus; Clostridium perfringens; Listeria monocytogenes	Bacterial	Referral Testing to CDC	Depends on organism suspected









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Enter date your shipping container will be picked up.	Oreg	Health		
Place your site label here, or write in your facility name and location.	Date: 01-01-2017 Facility name: <u>Your site, loca</u> Contact person: Jane Doe Phone no: 503-234-5678	Select order method: Electronic Paper tion YMMULCONTYPERDORENT: MCNNNVLLE, OP 07128 YAMHILL CO PUBLIC HLTH	OSPHL ONLY Number of ice packs and/or cooler condition Frozen/cold: Melted/ambient: None (~):	OSPHL ONLY Barcode
Enter name of your site's contact person and their phone number.	Item barcode	Item barcode	Item barcode	Item barcode
Place one EHR label for each specimen being shipped, or one barcode label from each individual paper test request. In this case, two different specimen are being shipped.	53693361073			

