



NASSAU COUNTY DEPARTMENT OF HEALTH
Division of Public Health Laboratories
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ORASURE ORAL FLUID SPECIMEN SUBMISSION REQUIREMENTS
(PLEASE CALL 516-572-1202 FOR MORE INFORMATION)

Specimen Collection: Follow the directions on the OraSure HIV-1 Oral Specimen Collection Device.

▪ **Requisition Form Completion:**

- The *Clinical Microbiology Requisition Form* (NCPHL403-3A) can be printed from the internet at:
<http://www.nassaucountyny.gov/agencies/Health/labs.html>
- Enter the requested information on the Requisition form.
 - **For a **confidential test** enter client/patient's full name and complete address.
 - **For an **approved anonymous test** enter client/patient's ID number and no address information.
- Test Request Section: Select the box for the type of testing to be performed:
 - Check HIV-1 (EIA/WB) for conventional testing when no rapid test has been performed on client during this visit.
 - Check HIV-1 WB only when the rapid test was reactive and this specimen is for western blot confirmation.
- Please indicate in the COMMENT section of the requisition form if a rapid test was not used or, if used, whether the result was positive or negative.
- A signature must be provided where indicated to certify that informed consent was obtained for this test.

A completed requisition form must accompany each specimen so that processing can occur and to avoid delays in reporting results.

▪ **Specimen Vial Label:**

- The client's name and/or ID number and the specimen collection date must be written on the specimen vial label exactly as it was written on the requisition form.
NOTE: If a label containing an ID number is used, take care to not cover the expiration date printed on the specimen vial.

As a quality assurance check; the client will verify that the name and/or subject ID on the oral fluid tube matches the information on laboratory requisition form.

▪ **Packaging Specimen for Shipment:**

- Place labeled specimen vial in a plastic zip close bag, fold the completed requisition in half and place in a 6" x 9" padded mailer. More than one specimen can be sent in the same envelope.
- Address mailer to:
Nassau County Department of Health
Division of Public Health Laboratories
209 Main Street
Hempstead, NY 11550
- Ensure a return address is included on the mailer.
- Mark the mailer "**CONFIDENTIAL**" when submitting specimens for confidential testing.

▪ **Mailing Specimen:**

- Send specimens via first class mail using the United States Postal Service.
- Do not put specimens in an outside drop box because lengthy exposure to extreme temperatures can compromise the integrity of the specimen.

- **Reporting of Results:** NCPHL will send confidential test results to the provider at the address indicated on the requisition form via USPS first class mail.