

Measles Specimen Collection Checklist

Please complete the following checklist and submit with your lab specimen and requisition.

- Received Local Health Department approval for testing (to find your LHD, see www.malph.org/resources/directory).

Patient name & unique identifier (e.g., DOB, MDSS investigation #):

- Patient name & unique identifier match exactly what's on the requisition form
- Specimen is labeled with patient's name

Date of collection: _____

Epidemiology Link: _____

Patient is exhibiting the following symptoms:

- Fever (highest recorded: _____)
- Cough
- Coryza (runny nose)
- Conjunctivitis
- Koplik Spots (clustered white spots on the inside of the cheeks)
- Full-body rash

Requisition form:

- DCH-0583 test requisition form completed (can be found at: www.michigan.gov/documents/DCH-0583TEST_REQUEST_7587_7.pdf)

*Please note measles PCR is not on the test form. Please write in measles PCR in the "other" box under virology section of the form.

Contact Info of Person Submitting This Form:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Questions?

Questions for packaging and shipping can be referred to Shannon Sharp at the MI-BOL sharps1@michigan.gov.

All other questions can be referred to Dr. Diana Riner Bureau of Laboratories Virology Section Manager rinerd@michigan.gov 517-335-8099 or cell 517-230-7828.