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| **Directions for Submitting Specimens****Collecting and Shipping Specimens**1. **Fill out the *Animal Specimen Molecular Analysis Request Form* and include it with your shipment.**
	1. **A separate form should be filled out for each animal.**
2. **Specimen packing instructions:**
	1. **Frozen gel ice packs are only effective as a coolant for 1-2 days when placed in an insulated container, such as a Styrofoam box that is packed inside of a cardboard box.**
		1. **A plain cardboard box or mailer bag will not keep samples cool.**
3. **Shipping instructions:**
	1. **Please**
		1. **Ship within 24 hours of collection.**
		2. **Send specimens by overnight delivery.**
			1. **It is best to ship Monday through Wednesday for next day delivery.**
	2. **Please Do Not**
		1. **Ship on a Friday for Monday delivery as specimen quality may deteriorate from increased transit time.**
		2. **Ship specimens by Priority mail, as it may take 3-4 days for shipments to arrive.**

**Complete all sections of the submission form to prevent delays in specimen processing.** | **Direct Questions To:****Lead Scientist- Arbovirus Serologic Testing and Surveillance**Dr. Alexis N. LaCrueBureau of Public Health Laboratories-Tampa3602 Spectrum BlvdTampa, FL 33612-9401Phone: (813) 233-2315Fax: (813) 974-5776E-mail: Alexis.LaCrue@flhealth.gov |

Bureau of Public Health Laboratories Contact Information

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| **Laboratory Director**Dr. Andrew CannonsPhone: (813) 233-2277Fax: (813) 974-3425E-mail: Andrew.Cannons@flhealth.gov | **Virology Administrator**Lea Heberlein-LarsonPhone: (813) 233-2307Fax: (813) 974-5776E-mail: Lea.Heberlein-Larson@flhealth.gov  |
| **Supervisor- Clinical Virology Molecular Diagnostics**Marshall ConePhone: (813) 233-2211Fax: (813) 974-5776E-mail: Marshall.Cone@flhealth.gov  | **Assistant Lead Scientist- Arbovirus Serologic Testing and Surveillance**Maribel CastanedaPhone: (813) 233-2342Fax: (813) 974-5776E-mail: Maribel.Castaneda@flhealth.gov |

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|   ***Submitter Information*** | ***Animal Information*** |    |
| **Name:** | **Animal Type** *(i.e., Equine)***:** |  | **Stray** [ ]  | **Color: \_\_\_\_\_**  |
| **Pet** [ ]  | **Breed: \_\_\_\_\_**  |
| **Organization:** | **County where the animal was found:** |
| **County:** | **Symptoms:** |
| **Address:** | **Onset Date:** Click or tap to enter a date. |
| **City:** | **State:** | **Zip:** | **Date Found:** | **\_\_\_\_\_\_\_** | **Alive** [ ]  | **Dead** [ ]  |
| **Email Report To:** | **Type of Exposure:** |  |
| **Phone** | **Weekday:** | **Weekend:** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_** | **Human** [ ]  | **Animal** [ ]  |
| ***Owner Information*** | ***Arbovirus Submission (DOH LAB USE ONLY)*** |
| **Name:** | **Notes:** **Date Received: \_\_\_ \_ Date Reported: \_\_\_ \_**Bureau of Public Health Labs-Tampa Contact:Dr. Alexis N. LaCruePhone: 813-233-2315E-mail: Alexis.LaCrue@flhealth.gov |
| **County:** |
| **Phone:** |
| **Address:** |
| **City:** | **State:** | **Zip:** |
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| **Submitter** **Specimen ID:** | **Specimen Type (*i.e., heart, brain, etc*)** | **Collection Date:** | **Comments:** | **DOH LAB #** *(LAB USE ONLY)* |
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