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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. LaCrue  Bureau of Public Health Laboratories-Tampa  3602 Spectrum Blvd  Tampa, FL 33612-9401  Phone: (813) 233-2315  Fax: (813) 974-5776  E-mail: Alexis.LaCrue@flhealth.gov |

Bureau of Public Health Laboratories Contact Information

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| **Laboratory Director**  Dr. Andrew Cannons  Phone: (813) 233-2277  Fax: (813) 974-3425  E-mail: [Andrew.Cannons@flhealth.gov](mailto:Andrew.Cannons@flhealth.gov) | **Virology Administrator**  Lea Heberlein-Larson  Phone: (813) 233-2307  Fax: (813) 974-5776  E-mail: [Lea.Heberlein-Larson@flhealth.gov](mailto:Lea.Heberlein-Larson@flhealth.gov) |
| **Supervisor- Clinical Virology Molecular Diagnostics**  Marshall Cone  Phone: (813) 233-2211  Fax: (813) 974-5776  E-mail: [Marshall.Cone@flhealth.gov](mailto:Marshall.Cone@flhealth.gov) | **Assistant Lead Scientist- Arbovirus Serologic Testing and Surveillance**  Maribel Castaneda  Phone: (813) 233-2342  Fax: (813) 974-5776  E-mail: [Maribel.Castaneda@flhealth.gov](mailto: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. LaCrue  Phone: 813-233-2315  E-mail: [Alexis.LaCrue@flhealth.gov](mailto:Alexis.LaCrue@flhealth.gov) | | | | | | | |
| **County:** | | | | | | |
| **Phone:** | | | | | | |
| **Address:** | | | | | | |
| **City:** | | **State:** | | | **Zip:** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Submitter**  **Specimen ID:** | **Specimen Type  (*i.e., heart, brain, etc*)** | **Collection Date:** | **Comments:** | **DOH LAB #** *(LAB USE ONLY)* | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | | | | | | | | | | |

