

Directions for Submitting Specimens

Collecting and Shipping Specimens

1. Fill out the *Animal Specimen Molecular Analysis Request Form* and include it with your shipment.
 - a. A separate form should be filled out for each animal.
2. Specimen packing instructions:
 - a. 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.
 - i. A plain cardboard box or mailer bag will not keep samples cool.
3. Shipping instructions:
 - a. Please
 - i. Ship within 24 hours of collection.
 - ii. Send specimens by overnight delivery.
 1. It is best to ship Monday through Wednesday for next day delivery.
 - b. Please Do Not
 - i. Ship on a Friday for Monday delivery as specimen quality may deteriorate from increased transit time.
 - ii. 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. LaCruel

Bureau of Public Health Laboratories-Tampa

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Bureau of Public Health Laboratories Contact Information

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Arbovirus Surveillance:

Animal Specimen Molecular Analysis Request Form

Submitter Information			Animal Information		
Name:			Animal Type (i.e., Equine):	Stray <input type="checkbox"/>	Color: _____
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 <input type="checkbox"/> Dead <input type="checkbox"/>	
Email Report To:			Type of Exposure: _____		
Phone Weekday: _____ Weekend: _____			Date: _____	Human <input type="checkbox"/>	Animal <input type="checkbox"/>
Owner Information			Arbovirus Submission (DOH LAB USE ONLY)		
Name:			Notes: _____		
County:			Date Received: _____ Date Reported: _____		
Phone:			Bureau of Public Health Labs-Tampa Contact: Dr. Alexis N. LaCru Phone: 813-233-2315 E-mail: Alexis.LaCru@flhealth.gov		
Address:					
City: _____	State: _____	Zip: _____			

Submitter Specimen ID:	Specimen Type (i.e., heart, brain, etc)	Collection Date:	Comments:	DOH LAB # (LAB USE ONLY)
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2.				
3.				



Arbovirus Surveillance:



Animal Specimen Molecular Analysis Request Form

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