

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. LaCrue

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

<u>Submitter Information</u>		<u>Animal Information</u>	
Name:		Animal Type (i.e., Equine):	Stray <input type="checkbox"/> Color: _____ Pet <input type="checkbox"/> Breed: _____
Organization:		County where the animal was found:	
County:		Symptoms:	
Address:		Onset Date: <small>Click or tap to enter a date.</small>	
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"/>
<u>Owner Information</u>		<u>Arbovirus Submission (DOH LAB USE ONLY)</u>	
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	
County:			
Phone:			
Address:			
City:	State:		

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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