COMMONWEALTH OF PENNSYLVANIA

PATIENT NAME LAST FIRST MIDDLE

ADDRESS

CITY | STATE | ZIP | COUNTY

PATIENT PHONE #

DATE OF BIRTH | SEX | ETHNICITY | RACE

ONSET DATE | SOURCE OF SPECIMEN | COLLECTION DATE(S)

SPECIFIC AGENT SUSPECTED: Measles

MEDIA SUBMITTED: See next line

LABORATORY EXAMINATION(S) REQUESTED: Measles PCR (nasopharynx and urine)

ORDERING HEALTHCARE PROVIDER: CHOP IP&C

FAX NUMBER FOR REPORT: 215-590-0127

RETURN TO: BUREAU OF LABORATORIES
PENNSYLVANIA DEPARTMENT OF HEALTH
110 PICKERING WAY
EXTON, PA 19341

PLEASE ATTACH YOUR LABORATORY RESULTS

FORM # H 840.336 REVISED 05-2020

ATTACH PATIENT LABEL

STATE LAB NO.

SUBMITTER - Results to:

Facility Name: The Children's Hospital of Philadelphia

Contact Name: Infection Prevention and Control

Address: 3401 Civic Center Blvd

City, State, Zip: Philadelphia PA 19104

Phone #: 267-425-4233

Email: infectionpreventionteam@chop.edu

SPECIMEN SUBMISSION FORM

DEPARTMENT OF HEALTH - BUREAU OF LABORATORIES

SEND RESULTS TO:
Central Laboratory Services
Rm. 5123 Main Bldg.
Children's Hospital of Philadelphia
3401 Civic Center Blvd. • Phila., PA 19104
Phone 844-CHOPLAB • Fax (215) 590-0127
CL10483

SEND BILL TO:
Clinical Laboratories / 5th Fl. Main
Children's Hospital of Philadelphia
P.O. Box 2015
Route Key-100-12090
Secaucus, N.J. 07096-2015
Phone 844-CHOPLAB