

# Submitting Specimens for Measles Immunity Testing For Exposed Individuals

## Collection

- Whole blood collected in a **red top tube**
- Ideally, 2 mLs should be collected, but the test can be run on less
- Each tube needs to have **two patient identifiers** on it

## Storage and Submission

- Specimen should be stored at **2-8°C**
- Ship on cold packs within **48 hours**
  - If specimen cannot be shipped within 48 hours:
    - The specimen will need to be spun down, aliquoted, frozen, and shipped on dry ice
- A PH-4182 (Clinical Requisition Form) will need to be completed for each specimen
  - Under **Test Requested** check **Other Miscellaneous** and write in **Measles IgG testing** (see below)
- There is no option for Measles IgG in PTBMIS; an electronic order should **not** be submitted
- Please send a line list of specimens being sent to the SPHL to Amanda Hartley at [VPD.Imm@tn.gov](mailto:VPD.Imm@tn.gov).
- Send by courier to the Public Health Lab

*TEST REQUESTED		
<b>Culture</b>	<b>Parasitology</b>	<b>Molecular</b>
<input type="checkbox"/> Actinomycete (Aerobic)	<input type="checkbox"/> Blood Parasite	<input type="checkbox"/> Bordetella (Pertussis) PCR
<input type="checkbox"/> Aerobe	<input type="checkbox"/> Ova & Parasite	<input type="checkbox"/> <i>C.trachomatis/N.gonorrhoeae</i> (GenProbe)
<input type="checkbox"/> Anaerobe	<input type="checkbox"/> Cryptosporidium	<input type="checkbox"/> GI Panel (Biofire)
<input type="checkbox"/> Enteric	<b>Serology</b>	<input type="checkbox"/> ESBL
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Arbovirus Panel	<input type="checkbox"/> Norovirus PCR
<input type="checkbox"/> Herpes Simplex Virus	<input type="checkbox"/> HBV Screen	<input type="checkbox"/> Plasmodium PCR
<input type="checkbox"/> Legionella	<input type="checkbox"/> HCV Screen	<b>ARLN</b>
<input type="checkbox"/> Mycobacteria Smear & Culture	<input type="checkbox"/> HIV Screen	<input type="checkbox"/> <i>C. auris</i> Colonization
<input type="checkbox"/> Mycobacteria Reference Isolate	<input type="checkbox"/> Measles/Rubella IgM	<input type="checkbox"/> <i>Candida</i> species Confirmation
<input type="checkbox"/> Mycology	<input type="checkbox"/> Syphilis RPR	<input type="checkbox"/> CRE/CRPA/CRAB Colonization
<input type="checkbox"/> Viral: Virus Suspected _____	<input type="checkbox"/> VDRL	<input type="checkbox"/> CRE/CRPA/CRAB Confirmation
<input checked="" type="checkbox"/> <b>Other Miscellaneous (Please specify)</b> <u>Measles IgG testing</u>		