



SENDING RPR REFLEX TESTS TO STATE LAB

Purpose: When the RPR tests are reactive; the lab sends the specimen to the State lab for confirmation testing.

Procedure: Sending reflex RPR specimens to State lab.

Step	Action																
1.	Pull the reflex specimen from the Processing fridge (the chemistry techs will let you know when there is a reactive RPR to State lab).																
2.	Open the “Lab Assistants RPR form folder for the State Requisition form (Folder found in main lab “O Drive.”).  LAB ASSISTANTS RPR FORM																
3.	Double-click the PDF RPR form to open the file.  RPR form																
4.	Fill out Submitter info exactly as it is below <table border="1" data-bbox="284 808 1518 1008"> <thead> <tr> <th colspan="4">SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)</th> </tr> </thead> <tbody> <tr> <td colspan="4">FACILITY NAME ST FRANCIS MEDICAL CENTER LABORATORY</td> </tr> <tr> <td>ADDRESS 211 SAINT FRANCIS DR</td> <td>CITY CAPE GIRARDEAU</td> <td>STATE MO</td> <td>ZIP CODE 63703</td> </tr> <tr> <td>SUBMITTER CONTACT NAME 573-331-5147</td> <td>SUBMITTER TELEPHONE NUMBER LABORATORY</td> <td colspan="2">OUTREACH EVENT 573-331-5147</td> </tr> </tbody> </table>	SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)				FACILITY NAME ST FRANCIS MEDICAL CENTER LABORATORY				ADDRESS 211 SAINT FRANCIS DR	CITY CAPE GIRARDEAU	STATE MO	ZIP CODE 63703	SUBMITTER CONTACT NAME 573-331-5147	SUBMITTER TELEPHONE NUMBER LABORATORY	OUTREACH EVENT 573-331-5147	
SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)																	
FACILITY NAME ST FRANCIS MEDICAL CENTER LABORATORY																	
ADDRESS 211 SAINT FRANCIS DR	CITY CAPE GIRARDEAU	STATE MO	ZIP CODE 63703														
SUBMITTER CONTACT NAME 573-331-5147	SUBMITTER TELEPHONE NUMBER LABORATORY	OUTREACH EVENT 573-331-5147															
5.	Fill out the “ATTENDING PHYSICIAN/CLINICIAN INFORMATION” portion of the req. This info is found in SOFT Lab, under “Order Entry.” <table border="1" data-bbox="284 1113 1518 1312"> <thead> <tr> <th colspan="4">ATTENDING PHYSICIAN/CLINICIAN INFORMATION</th> </tr> </thead> <tbody> <tr> <td>PHYSICIAN LAST NAME</td> <td colspan="3">PHYSICIAN FIRST NAME</td> </tr> <tr> <td colspan="2">PHYSICIAN FACILITY NAME</td> <td colspan="2">PHYSICIAN TELEPHONE NUMBER</td> </tr> <tr> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </tbody> </table>	ATTENDING PHYSICIAN/CLINICIAN INFORMATION				PHYSICIAN LAST NAME	PHYSICIAN FIRST NAME			PHYSICIAN FACILITY NAME		PHYSICIAN TELEPHONE NUMBER		ADDRESS	CITY	STATE	ZIP CODE
ATTENDING PHYSICIAN/CLINICIAN INFORMATION																	
PHYSICIAN LAST NAME	PHYSICIAN FIRST NAME																
PHYSICIAN FACILITY NAME		PHYSICIAN TELEPHONE NUMBER															
ADDRESS	CITY	STATE	ZIP CODE														

6. Fill out the “PATIENT INFORMATION” (Highlighted area’s) portion of the form. Patients’ demographic info can be found in EPIC under “Patient Station.” The rest of the info will be found on the patient label (i.e. collection date, patient Medical record number, DOB and order number).



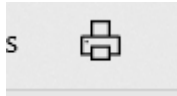
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MISSOURI STATE PUBLIC HEALTH LABORATORY
 IMMUNOLOGY TEST REQUEST

101 NORTH CHESTNUT STREET, PO BOX 570
 JEFFERSON CITY, MO 65101
 (573) 751-3334
<http://health.mo.gov/lab/index.php>

TEST REQUESTED / SPECIMEN TYPE			
SYPHILIS TESTING <input checked="" type="checkbox"/> Serum/Blood <input type="checkbox"/> CSF (Cerebrospinal fluid)		HIV TESTING <input type="checkbox"/> Serum/Blood <input type="checkbox"/> Plasma	
		CHLAMYDIA/GONORRHEA TESTING <input type="checkbox"/> Endocervical swab <input type="checkbox"/> Vaginal swab <input type="checkbox"/> Urethral swab <input type="checkbox"/> Rectal swab <input type="checkbox"/> Urine <input type="checkbox"/> Pharyngeal swab	
Syphilis <input type="checkbox"/> Suspected Latent <input checked="" type="checkbox"/> Previous Reactive		HIV Rapid Testing <input type="checkbox"/> Preliminary Positive	
DATE COLLECTED (MM/DD/YYYY)		CLIENT REFERENCE	
PATIENT INFORMATION (REQUIRED)			
LAST NAME		FIRST NAME	M.I.
BIRTH DATE (MM/DD/YYYY)		ADDRESS	
CITY		STATE	ZIP CODE
CURRENT GENDER IDENTITY		RACE	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native	
ETHNICITY		<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown			

Soft Barcode
 Accession Number Barcode
 (For SPHL use only)

7. Click “File” button (found in the upper left hand corner) to print the form after it is completely filled out.



8. Make a copy of the form.
9. Log the specimen into the Specimen Mailout Log Book and place the copy of the completed Req into the “Copy of Req” tray located by the Mayo refrigerator in processing.
10. Find the state courier transport container (It is a tall slender courier, marked with a green label that reads “Biological Substance, Category B. These are found in Cabinet 2 located in Regional lab area.
11. Place the specimen and RPR form into this container.
12. Write “Main Lab, 211 Saint Francis Drive, Cape Girardeau, MO 63703” on the container next to the words “From.”
13. Place container in the clear, “MO State Lab” bucket; found in the Regional lab area.