

California Department of Public Health – Viral and Rickettsial Disease Laboratory
GUILLAIN-BARRÉ SYNDROME SPECIMEN SUBMITTAL FORM

PLEASE USE ONE FORM PER PATIENT

Please submit the following specimens for patients with Guillain-Barré syndrome (GBS):

- Serum:** ≥ 2cc serum preferred (red top or tiger top tube)
 - “**Acute**” serum collected early in clinical course, preferably before IVIG treatment
 - Convalescent serum** collected 10-14 days after first serum
- Cerebrospinal fluid (CSF):** 1-2cc CSF if lumbar puncture is performed
- Respiratory samples (e.g. NP or throat swabs, BAL, sputum):** in VIRAL transport media
- Stool specimen**
 - Rectal swab:** in BACTERIAL transport media; or
 - Stool:** 1 gm in wide-mouth sterile container

- Refrigerated specimens should be sent on **cold pack** using an overnight courier
- If CSF is frozen, send on dry ice (all specimens may be sent on dry ice)
- Each specimen should be labeled with **date of collection**, **specimen type**, and **patient name**
- Please ensure that specimens will be delivered during the hours of 8-5
- CDPH VRDL is closed on weekends and the first three Fridays of every month; please do not send specimens for delivery on these days
- Send specimens to CDPH VRDL: **Specimen Receiving – GBS**
850 Marina Bay Parkway
Richmond, CA 94804

**** IMPORTANT: THE INFORMATION BELOW MUST BE COMPLETED AND SUBMITTED WITH SPECIMENS ****

Patient’s last name, first name:			Patient Information	
			Address _____	
Age or DOB:	Sex (circle): M F	Onset Date:	City _____ Zip _____ County _____	
			Phone Number (_____) _____	
Medical record number:			This section for Laboratory use only. Date received by VRDL and State Accession Number	
1 st	Specimen type and/or specimen source	Date Collected		
2 nd	Specimen type and/or specimen source	Date Collected	1 st	
3 rd	Specimen type and/or specimen source	Date Collected	2 nd	
4 th	Specimen type and/or specimen source	Date Collected	3 rd	
5 th	Specimen type and/or specimen source	Date Collected	4 th	
			5 th	

For questions about specimen requirements or to arrange shipping, please call Cynthia Yen (510) 307-8606

Submitting Physician _____ Phone Number (_____) _____

Submitting Facility _____ Phone Number (_____) _____