

**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 \*\***

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

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

Submitting Physician \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Submitting Facility \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_