



# Arbovirus Testing Specimen Submission Form

Please type directly into form and complete all required fields marked with an asterisk (\*).

If you have questions on arbovirus testing please call Department of Health, Bureau of Epidemiology at 717-787-3350

**Patient Information:**

Last name*		First name*		MI
Date of birth*	Gender*	Race		Ethnicity
Street address*		City*		
State*	Zip*	County*		Patient ID

**Submitter Information:**

Facility name*			Ordering provider* if not a referring lab:		
Street address*		City*		State*	Zip*
Telephone*	Fax*	Email			

**Testing Requested\***

West Nile virus	Dengue	EEE	Powassan	St Louis	Other:
Test type* <input type="checkbox"/> Serology <input type="checkbox"/> PCR					
Specimen #1 source*		Collection date*		Onset date*	
Specimen #2 source		Collection date			

**Clinical Information:**

Has the patient had any of the following symptoms*? (Specify below:)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Fever (measured or subjective)	<input type="checkbox"/> Joint pain	<input type="checkbox"/> Altered mental status		
<input type="checkbox"/> Headache	<input type="checkbox"/> Stiff neck	<input type="checkbox"/> Encephalitis		
<input type="checkbox"/> Muscle weakness	<input type="checkbox"/> Seizures	<input type="checkbox"/> Meningitis		
<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Rash			
Other symptoms:				
Additional comments:				

**Exposure History:** During the \*\*30 days\*\* before illness onset, did the patient

Travel outside of PA	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?		
Donate blood	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date?	Donate organs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive blood	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date?	Receive organs	<input type="checkbox"/> Yes <input type="checkbox"/> No

Submit specimens on cold pack(s) directly to the address below. Call the laboratory if you have any questions. Print this form and send it along with the specimen.