Zika Virus Specimen Submission Form

pennsylvania
DEPARTMENT OF HEALTH

Testing Requires Public Health Approval

Name of public health official approving testing*:

Please type directly into form. All asterisked (*) fields must be completed.

Patient Information:

Last name*:		First name*:	MI:
Date of birth*:	Sex*: ☐ Male ☐ Female	Race: ☐ White ☐ American Indian Alaskan Native ☐ Pacific Islander ☐ Black ☐ Asian ☐ Other	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Street address*:			
City*:	State*:	Zip*:	County*:
Specimen #1 source*:	Collection date*:		Patient ID:
Specimen #2 source:	Collection date:		

Submitter Information:

Name*:			Ordering provider*:
Street address*:	City*:	State*:	Zip*:
Telephone*:	Fax*:	Laboratory name:	

Reason for Testing (Exposure History):

☐	Symptomatic pregnant Patient traveled to Zika-affected area
	Travel areas (be specific):
	Travel dates: to
☐	Symptomatic pregnant patient and did not travel to Zika-affected area but her sexual partner did travel to affected area. Specify travel area and dates of travel:

Clinical Information:

Was patient pregnant within eight weeks of exposure*?	☐ Yes ☐ No ☐ N/A	Gestational age (weeks):	Estimated date of delivery:
During pregnancy have any fetal abnormalities been identified?	☐ Yes ☐ No ☐ N/A	Describe fetal abnormalities or fetal loss:	
Has patient had any of the following symptoms*? (specify symptoms below)	☐ Yes ☐ No	Onset date:	
☐ Fever (measured or subjective) ☐ Arthralgia ☐ Rash ☐ Conjunctivitis ☐ Guillain-Barré syndrome			
☐ Other symptoms:			
Ever vaccinated for:	☐ Yellow fever (YF) ☐ Japanese encephalitis (JE) ☐ Tickborne encephalitis (TBE)		
Ever diagnosed with:	☐ Dengue fever ☐ West Nile ☐ St. Louis encephalitis ☐ YF ☐ JE ☐ TBE		
Additional comments:			

Submit specimens on cold pack(s) directly to the address below. Call the laboratory if you have any questions.

Bureau of Laboratories
110 Pickering Way | Exton, PA 19341-1310 | 610-280-3464 | F 610-450-1932 | www.health.pa.gov/labs