

HUMAN

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

LABORATORY EXAMINATION REQUESTED

Additional form(s) required

Test order name: Pathologic Evaluation of Tissues for Possible Infectious Etiologies
Test order code: CDC-10365
Suspected agent: Zika virus
Date sent to CDC: 05/01/2017
At CDC, bring to the attention of: ZIKVID10000

Use these test orders for submission of tissues for Zika pathology.

Note that placental tissues are considered maternal. Enter mother's, not infant's, name and birthdate here.

PATIENT INFORMATION

Patient Name: Symptomatic Mother
Birthdate: 01/01/1990
Case ID: ZIKVID19000
Sex: Female
Age: 27
Clinical diagnosis:
Date of onset: 01/01/2017
Fatal:
Date:

This field will be completed by health department. Please note that submission of tissues for Zika pathology must be preapproved by CDC.

SPECIMEN INFORMATION

Specimen collected date: 05/01/2017
Time:
Material submitted: Original material
Specimen source (type): Tissue_Placenta
Specimen source modifier:
Specimen source site: Placenta
Specimen source site modifier:
Collection method:
Treatment of specimen: Formalin-Fixation
Transport medium/Specimen preservative: Paraffin
Specimen handling:

Tissues for Zika pathology should be formalin-fixed (either wet or paraffin embedded).

CDC USE ONLY

Package ID#:
Delivered to Unit #:
Opened By:
Unit Specimen ID#:
Date received at CDC:
Date received at STAT:
Date received in testing lab: Time:



Table with 3 columns: Condition, STAT Laboratory, Testing Laboratory. Rows: Outer package, Specimen container, Specimen.



STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY / INTERNATIONAL INSTITUTION / PEACE CORPS

Name: (Laboratory Director or designee)
Dr. Xia Dongxiang, PhD, MD
Institution name: Viral & Rickettsial Disease Laboratory, California Department of Public Health
Address: 850 Marina Bay Parkway, Richmond, California 94804
Point of contact: Maria Salas, MPH
Patient ID: 2000000
Specimen ID: V17T00000

Only use the version of this form provided by CDPH VRDL and your local health department. Do not use the CDPH MDL version.

Email this form (original fillable pdf, not scanned) to CDPH VRDL. This field will be completed by CDPH VRDL.

ORIGINAL SUBMITTER (Organization that originally submitted)

Name: (Laboratory Director or designee)
Dr. Last Name Physician, MD
Institution name:
Street address:
City: California, United States
Fax:
Point of contact:
Patient ID:
Specimen ID:

INTERMEDIATE SUBMITTER (Complete if specimen is submitted to SPHL through an intermediate agency)

Name: (Laboratory Director or designee)
Institution name: Local Public Health Laboratory
Street address:
City: California, United States
Fax:
Point of contact:
Patient ID: 2000000
Specimen ID: LPH17T00000

Provided by local health department. Patient ID should be the CalREDIE incident number.

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

Patient name:

Symptomatic

Last

Mother

First

AND/OR Original Patient ID:

AND/OR SPHL Specimen ID:

V17T00000

PATIENT HISTORY

BRIEF CLINICAL SUMMARY (Include signs, symptoms, and underlying illnesses if known)

Symptoms: rash, conjunctivitis, joint pain, fever. Baby's head <2 percentile.

STATE OF ILLNESS

- Symptomatic
- Asymptomatic
- Acute
- Chronic
- Convalescent
- Recovered

TYPE OF INFECTION

- Upper respiratory
- Lower respiratory
- Cardiovascular
- Gastrointestinal
- Genital
- Urinary tract
- Other, specify
- Sepsis
- Central nervous system
- Skin/soft tissue
- Ocular
- Joint/bone
- Disseminated

DURING ILLNESS

Required field:
 - pregnancy status (not pregnant, or if pregnant include EDD or LMP)
 - symptoms (if applicable)
 - ultrasound results (if applicable)
 - last date of unprotected sexual contact with a partner with exposure

Start date End date

MM/DD/YYYY		MM/DD/YYYY

EPIDEMIOLOGICAL DATA

EXTENT

- Isolated case
- Carrier
- Contact
- Outbreak
- Family
- Community
- Healthcare-associated
- Epidemic

TRAVEL HISTORY

Travel: Yes

Dates of Travel: 12/20/2015 to 12/25/2016

Travel: Foreign (Countries)

Mexico

Travel: United States (States)

Required field:
 - travel locations and dates

Foreign Residence (Country)

United States Residence (State)

Note: Additional states or countries of residence or travel should be entered in the Brief Clinical Summary field.

EXPOSURE HISTORY

Exposure: _____

Date of Exposure: _____

MM/DD/YYYY

- Animal** Type of Exposure: _____
 Common name: _____
 Scientific name: _____
- Arthropod** Type of Exposure: _____
 Common name: _____
 Scientific name: _____

RELEVANT IMMUNIZATION HISTORY

Immunization(s)

Date received

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
		MM/DD/YYYY

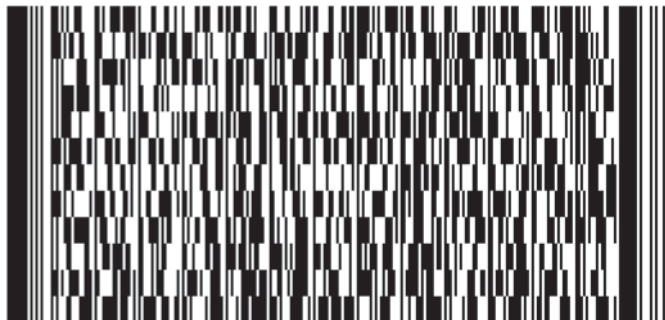
PREVIOUS LABORATORY RESULTS (Or attach copy of test results or worksheet)

VRDL results: Zika IgM detected. Dengue IgM not detected. Zika PRNT: detected. Dengue PRNT: detected.

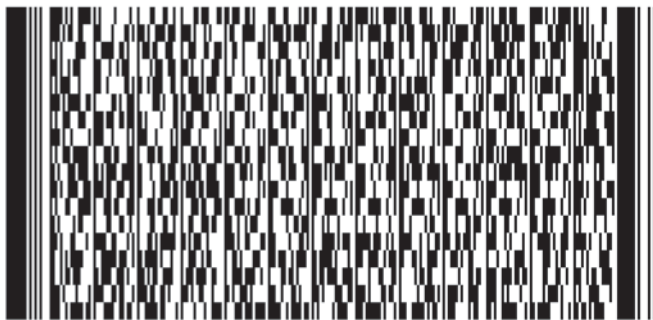
COMMENTS

CDC USE ONLY

Barcode 2



Barcode 3



The Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 241). Supplying the information is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop prevention and control programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system 09-20-0106, "Specimen Handling for Testing and Related Data" and may be disclosed: to appropriate State or local public health departments and cooperating medical authorities to deal with conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice in the event of litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual's written consent.