This form available at http://tinyurl.com/VRDLLab300

California Department of Public Health – Viral and Rickettsial Disease Laboratory
General Purpose Specimen Submittal Form

Priority Level: Normal | Patient ZIP Code: 99999

Patient Last Name: SYMPTOMATIC | First Name: PATIENT

Date of Birth: Jan 15, 1994 | Submitter Specimen #: 123

Medical Record #: 456 | CalREDIE Incident #: 789

Age: 22 | Units: Years | Sex: Female

Disease Suspected: Arbovirus, Zika

Test(s) Requested: ZIKA VIRUS

***Please call the VRDL at (510) 307-8585 when submitting any high priority samples.** Specialty forms for respiratory disease, encephalitis, West Nile Virus, Hantavirus Pulmonary Syndrome (HPS), Severe Pediatric Respiratory, viral gastroenteritis, and other syndromes are also available at http://www.cdph.ca.gov/programs/vrdl/Pages/CurrentVRDLSpecimenSubmittalforms.aspx

Submit sample(s) to:
Viral and Rickettsial Disease Laboratory
California Department of Public Health
850 Marina Bay Parkway
Richmond, CA 94804
Phone (510) 307-8585
Fax (510) 307-8578

CCESSION LABEL HERE

Select the most accurate modifier and disease onset date.

Disease Onset Date: Approximately | Feb 10, 2016

Sample Collection Date: Mar 2, 2016

Specimen Type: Blood | Description: Serum | Details (if applicable):

Public Health Department Submitter: Contra Costa County / Phone 925-370-5775 / Fax 925-370-5252

Ensure that sample collection date matches on specimen container(s) and ALL corresponding forms

CLINICAL INFORMATION (FILL IN OR CHECK AS PERTINENT)

Deceased patient date of death

Patient Is Not Ill
- [ ] Vaccine response (If so, specify response and include date of last immunization)

Date

Case contact to:

- [ ] Mother of infant with congenital disease

Other

Is patient immunocompromised? [ ] Yes [ ] No

Select all symptoms that apply to patient

General
- [x] Fever (describe below)
- [ ] Chills
- [x] Generalized aches
- [x] Joint aches/stiffness
- [ ] Malaise
- [x] Conjunctivitis
- [ ] Headache
- [ ] Jaundice
- [ ] Lymphadenopathy
- [ ] Hepatosplenomegaly
- [ ] Hepatitis
- [x] Rash (describe w/ onset date below)

Central Nervous System
- [ ] Encephalitis
- [ ] Meningitis
- [ ] Paralysis (describe below)

Gastroenteritis [ ] Individual [ ] Outbreak

Respiratory
- [ ] Upper respiratory infection
- [ ] Cough
- [ ] Croup
- [ ] Pharyngitis
- [ ] Bronchitis/bronchiolitis
- [ ] Pneumonia
- [ ] ARDS (Acute Respiratory Distress Syndrome)

iovascular [ ] Myocardi

al
- [ ] Urethritis
- [ ] Vaginal lesion(s)

Skin
- [ ] Lesion(s)

Oral
- [ ] Mouth lesion(s)

Congenital
- [ ] Congenital Disease (describe belo

Provide information regarding the symptoms, and pregnancy status with EDD if applicable, in the clinical findings section. Symptoms MUST meet testing criteria, making a detailed description very important. Include detailed travel history (if applicable) in the Travel Information section.

Please provide other clinical findings and/or pertinent laboratory data. (Required for fever, rash, paralysis, and congenital disease.)

PATIENT IS NOT PREGNANT
ONSET OF FEVER, CONJUNCTIVITIS, AND JOINT PAIN: 2/10/16
ONSET OF MACULOPAPULAR RASH ON TORSO AND ARMS: 2/12/16

Travel Information (including location and dates) required for suspected viral and Rickettsial diseases not endemic in California.

PATIENT TRAVELED TO HONDURAS AND EL SALVADOR (JANUARY 11-16, 2016). TRAVEL INCLUDED A STOPOVER IN HOUSTON, TX ON JANUARY 11 AND 16.

Original Submitting Facility: KAISER REGIONAL | Phone: +1 (555) 555-5555

Original Submitting Physician: DR. PATIENT'S PHYSICIAN | Fax: +1 (555) 555-5559