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

Note that submission of tissues for Zika pathology must be preapproved by CDC.

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

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

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

Provided by local health department. Patient ID should be the CalREDIE incident number.
### TRAVEL HISTORY
- **Travel:** United States (States)
  - **Traveller(s):**
    - [ ] United States Residence
      - State
    - [ ] Foreign Residence
      - Country: Mexico
    - [ ] Travel Dates: 12/20/2015 to 12/25/2016
- **Travel:** Foreign (Countries)
  - [ ] Mexico
- **Travel:**
  - [ ] United States Residence
    - [ ] United States Residence (State)
  - [ ] Foreign Residence (Country)
  - [ ] Travel Dates: 12/20/2015 to 12/25/2016

### STATE OF ILLNESS
- **Type of Exposure:**
  - [ ] Symptomatic
  - [ ] Asymptomatic
  - [ ] Acute
  - [ ] Chronic
  - [ ] Convalescent
  - [ ] Recovered

### EPIDEMIOLOGICAL DATA
- **Common name:**
- **Scientific name:**
- **Type of Exposure:**
- **Start date:**
- **End date:**
- **Exposure:**
- **Agent:**
- **Start date:**
- **End date:**

### BRIEF CLINICAL SUMMARY
- **Symptoms:** rash, conjunctivitis, joint pain, fever. Baby’s head <2 percentile.
- **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

### EXPOSURE HISTORY
- **Exposure:**
- **Date of Exposure:**

### RELEVANT IMMUNIZATION HISTORY
- **Immunization(s):**
- **Date received:**
  - [ ]
  - [ ]
  - [ ]
  - [ ]

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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.