General Purpose Specimen Submittal Form

**California Department of Public Health – Viral and Rickettsial Disease Laboratory**

**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) 307-8599

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**PATIENT AND SPECIMEN INFORMATION**

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Normal</th>
<th>Patient Last Name</th>
<th>Asymptomatic</th>
<th>First Name</th>
<th>Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>01/01/1990</td>
<td>Date of Death</td>
<td>Age 27</td>
<td>Units Years</td>
<td>Sex Female</td>
</tr>
<tr>
<td>Patient City of Residence</td>
<td>Richmond</td>
<td>County</td>
<td>Contra Costa</td>
<td>State California</td>
<td></td>
</tr>
<tr>
<td>Medical Record #</td>
<td>123456</td>
<td>Submitter Specimen #</td>
<td>123456</td>
<td>CalREDIE Incident #</td>
<td>123456</td>
</tr>
<tr>
<td>Disease Suspected</td>
<td>Arbovirus, Zika</td>
<td>Test(s) Requested</td>
<td>PRNT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease Onset Date</td>
<td>Exact</td>
<td>Specimen Collection Date</td>
<td>03/01/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Type</td>
<td>Blood - Serum</td>
<td>Public Health Dept Submitter</td>
<td>Contra Costa County / Phone 925-370-5775 / Fax 925-370-5252</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**CLINICAL INFORMATION**

**Gastrointestinal**

- Outbreak

**Respiratory**

- Influenza
- Pneumonia

**Lesions**

- Urogenital
- Skin
- Other
- Mouth
- Lip

**Central Nervous System**

- Encephalitis/Meningitis
- Paralysis (describe below)

**Congenital**

- Congenital Disease (describe below)

**Laboratory Data (Results and CT values from previous lab testing)**

<table>
<thead>
<tr>
<th>InBios Zika IgM ELISA “Presumptive Zika Positive”</th>
<th>If other Zika testing has been performed, include test(s) and results.</th>
</tr>
</thead>
</table>

**Clinical Findings and Patient Symptoms (Required for fever, rash, paralysis, and congenital disease)**

Patient is pregnant, EDD 6/1/2017, microcephaly indicated on ultrasound. See symptoms above.

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

Travelled to Tepic, Nayarit, Mexico 12/20/2016-12/25/2016

**Required field:**
- travel locations and dates
- last date of unprotected sexual contact with a partner with exposure to Zika

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**Original Submitting Facility**

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Phone</th>
<th>+1 (510) 555-5555</th>
</tr>
</thead>
</table>

**Original Submitting Physician**

<table>
<thead>
<tr>
<th>Dr. Name</th>
<th>Fax</th>
<th>+1 (510) 555-5555</th>
</tr>
</thead>
</table>

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**Please call the VRDL at (510) 307-8585 before 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**

**This form is available at https://archive.cdph.ca.gov/programs/vrdl/Documents/VRDL_General_Human_Specimen_Submittal_Form_Lab300.pdf**

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**STATE VRDL ACCESSION LABEL HERE**

**Barcode 1**

**Barcode 2**

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**VRDL Form Lab 300 v1.0**

**Revised 03/01/2017**

**Expires 12/31/2017**