Zika Virus Disease Testing Request

Please complete this form and fax to (707) 299-4479. Specimens will not be tested unless this form is completed.

REPORTER/ REQUESTOR			
Date of Request:	Blood Drawn Date:	By:	
Name of Requesting Provider:		Facility:	
Telephone:		Fax:	
Pager/Cell:		Email:	
Address:		City:	Zip Code:
Name of person completing form (if not provider):			
Telephone:		Email:	

PATIENT DEMOGRAPHICS			
Name:	Sex: ☐F ☐M	DOB:	Age:
Patient Address:	City:	Zip:	
Telephone:	Cell:	Email:	

CLINICAL INFORMATION (Please complete all information)		
Symptomatic: ☐Y ☐N	If YES, first onset date:	Duration of illness:
Fever: ☐Y ☐N	If YES, date of onset:	Temp: F/C
Joint pain/Swelling: ☐Y ☐N	If YES, date of onset:	
Conjunctivitis: ☐Y ☐N	If YES, date of onset:	
Maculopapular rash: ☐Y ☐N	If YES, date of onset:	

Pregnant: ☐Y ☐N If YES, number of weeks gestation/EDD:

If pregnant, fetal ultrasound done: ☐Y ☐N

Initial dating ultrasound: ☐Y ☐N	Date:	Microcephaly: ☐Y ☐N	
Formal ultrasound: ☐Y ☐N	Date:	Intracranial calcification: ☐Y ☐N	

History of	Received
Dengue Fever: ☐Y ☐N	Yellow Fever vaccine: ☐Y ☐N
West Nile Virus: ☐Y ☐N	Japanese Encephalitis vaccine: ☐Y ☐N
St. Louis Encephalitis infection: ☐Y ☐N	

EPIDEMIOLOGIC INFORMATION (Please answer all questions)

Traveled to area with *active* Zika Virus transmission: ☐Y ☐N

Living in an area with *active* Zika Virus transmission: ☐Y ☐N

Sex (vaginal, anal, and oral sex) without a condom or the sharing of sex toys with a person who traveled to or lives in an area with Zika:
☐Y ☐N If YES, date of last unprotected sex with traveling partner: 35T

Sexual partner traveled to area with Zika Virus transmission: ☐Y ☐N Symptomatic: ☐Y ☐N

Dates of Travel

From	To	Country	Regions	Cities	Mosquito bites?
					☐Y ☐N
					☐Y ☐N

Partner Travel:

From	To	Country	Regions	Cities	Mosquito bites?
					☐Y ☐N
					☐Y ☐N

Mosquito bites after symptom onset: ☐Y ☐N

If yes, locations (streets, cities, states)

Special Specimen Collection Instructions:

Appropriate Clinical Specimens for Laboratory Testing of Suspected Cases						
	Symptomatic Suspect Cases					Asymptomatic Pregnant Women
	Serum	Whole Blood *	Urine§	CSF	Other¶	Serum, Whole Blood* and Urine
RT-PCR§	YES	YES	YES	YES	YES	YES
Serology: IgM with PRNT Confirmation†	YES			YES	YES	YES
*	Whole blood (EDTA may provide greater sensitivity than serum for PCR testing, but a whole good blood specimen must be accompanied by a tube of serum for subsequent serology in case IgM testing becomes necessary.					
¶	CDC will consider testing other specimen types (e.g., saliva, placental tissue, umbilical cord, fetal and other tissues) on a case by case basis.					
§	RT-PCR is the preferred method and urine is the preferred specimen for confirming an acute case.					
†	PRNT (plaque-reduction neutralization test) may confirm cross-reactive IgM tests by measuring virus-specific neutralizing antibodies.					

INFANT DEMOGRAPHICS		
Name:	Sex: ☐F ☐M	DOB:
Physical evidence of microcephaly: ☐Y ☐N		

Specimen Collection and Storage of specimens for Zika virus testing in infants (updated 11/16/16)						
Specimen	When to Collect	Preferred Amount	Container	Storage and Shipment Conditions	Tested at CDC	Tested at VRDL
Serum (infant)†	<2 days post onset	≥2 ml (one tube preferred)	Red or tiger top tube	Cold	N/A	Serology, PCR
Serum (mother)	At time of collection of infant serum	≥2 ml (one tube preferred)	Red or tiger top tube	Cold	N/A	Serology, PCR
Urine (infant)	<2 days post onset	≥2 ml (one tube preferred)	Sterile screw-cap tube with parafilm in separate bag	Cold	N/A	PCR
Urine (mother)	At time of collection of infant serum	≥2 ml (one tube preferred)	Sterile screw-cap tube with parafilm in separate bag	Cold	N/A	PCR
CSF	If collected for other studies	≥1 ml	Sterile cryovial	N/A	Serology, PCR	PCR
Amniotic Fluid	When available	≥1 ml	Sterile cryovial	Frozen	PCR	N/A
Placental/ Fetal Tissue§	When available	0.5-1.0 cm	Sterile container	Both a.) cold formalin fixed and b.) frozen tissues	HP, IHC, PCR	N/A

† Infant serum is recommended over cord blood for serological and PCR testing.

§ For additional information on collecting placental and fetal or infant tissues, see http://www.cdc.gov/zika/hc-providers/tissue-collection-submission.html

Abbreviations: HP = Histopathology; IHC = Immunohistochemical staining; PCR = Reverse transcription-polymerase chain reaction