

## Zika Virus Laboratory Submission Form

Approved by:
Public Health Official Name/Date

**Patient Information:**

Last name:		First Name:		MI:
DOB:	Age:	Sex:	U	
/ /		Male	Female	
Street Address:				
City:	State:	Zip:	County:	
Specimen Source:	Collection Date:	Patient ID:		

**Submitter Information:** Add additional submitters on back of the form

Name:				
Street Address:	City:	State:	Zip Code:	
Telephone:	Fax:	Ordering Provider Name and Phone (if not submitter):		

**Reason for Testing and Travel History:** All information must be completed or testing will **NOT** be performed

<input type="checkbox"/> Patient traveled to Zika-affected area <input type="checkbox"/> Other:	<input type="checkbox"/> Patient is symptomatic and did not travel to Zika-affected area, but had <b>sexual contact</b> with a person who did travel to affected area	<input type="checkbox"/> Patient is symptomatic and did not travel to Zika-affected area, but is a <b>household contact</b> of a person who did travel to affected area
Country (or countries):		
Travel Dates:	____ / ____ / ____ to ____ / ____ / ____	

**Clinical Information:** All information must be completed or testing will **NOT** be performed

Pregnancy Status (if female)	Yes	No	Gestational Age:	EDD:				
Has patient experienced any symptoms?	Yes	No	Date of Onset:	____ / ____ / ____				
Fever ( $\geq 38^{\circ}\text{C}$ or $100^{\circ}\text{F}$ )	Yes	No	Unknown		Arthralgia	Yes	No	Unknown
Conjunctivitis	Yes	No	Unknown		Rash	Yes	No	Unknown
Mosquito Bite	Yes	No	Unknown		Guillain-Barre syndrome	Yes	No	Unknown
Other: (List)								
Ever vaccinated for:	<input type="checkbox"/> Yellow fever <input type="checkbox"/> Japanese encephalitis <input type="checkbox"/> Tickborne encephalitis <input type="checkbox"/> Dengue fever							
Past history of Arbovirus infection (such as West Nile or dengue):								

For submissions for Philadelphia residents and from Philadelphia healthcare providers, call (215) 685-6742 for testing approvals and if needed, to arrange for specimen transport to the Bureau of Laboratories.