

Zika Virus Testing Form

NAPA-SOLANO-YOLO-MARIN COUNTY PUBLIC HEALTH LABORATORY

2201 COURAGE DRIVE MS 9-200, FAIRFIELD, CA 94533; TELEPHONE (707) 784-4410; FAX (707) 423-1979

Lab use only

SUBMITTER INFORMATION

PATIENT DEMOGRAPHICS—PLEASE FILL COMPLETELY AND CLEARLY				
Patient last name	First name	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date collected
Address		Medical record no.	Time collected	
TEST SITE INFORMATION— PLEASE FILL COMPLETELY AND CLEARLY				
Practitioner name	Practitioner NPI #	Accession #	ICD (Dx) code	
SPECIMEN TYPE/SOURCE—PLEASE CHECK APPROPRIATE BOX				
<input type="checkbox"/> Serum	<input type="checkbox"/> Urine	<input type="checkbox"/> Placenta	<input type="checkbox"/> Other: _____	
COMPLETE ALL OF THE INFORMATION ON SYMPTOMS, STATUS, EXPOSURE, AND ABNORMAL FINDINGS BELOW				
SPECIMENS MEETING ONE OF THE CRITERIA BELOW ARE ELIGIBLE FOR PUBLIC HEALTH LABORATORY TESTING:				
1. SYMPTOMS + EXPOSURE OR 2. PREGNANCY + ONGOING EXPOSURE OR 3. ABNORMAL FINDING + EXPOSURE				
For additional guidance refer to: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ZikaInformationforHealthProfessionals.aspx#				
*SYMPTOMS				
Symptoms (describe): _____		Date of onset: _____	<input type="checkbox"/> No symptoms	
*PREGNANCY STATUS				
Estimated delivery date: _____		Current trimester: _____	<input type="checkbox"/> Patient is not pregnant	
*NEWBORN STATUS				
<input type="checkbox"/> Newborn. Mother's name/DOB: _____		<input type="checkbox"/> Patient is not a newborn		
*PATIENT/MOTHER TRAVEL (EXPOSURE) (See www.bit.ly/CDCRiskAreas for areas at risk of Zika.)				
City, Country		Arrival date(s)	Departure date(s)	
*PARTNER TRAVEL & SEXUAL CONTACT (EXPOSURE)				
Last date of unprotected sex with partner: _____		<input type="checkbox"/> Partner did not travel		
City, Country		Arrival date(s)	Departure date(s)	
*ABNORMAL FINDING (Please describe [eg, Zika screening test positive, abnormal fetal ultrasound + exposure, newborn with diagnosed mother]):				
TESTS: To be assigned by lab after screening the information above				
ZIKA PCR (urine ≤3 weeks, serum ≤2 weeks after exposure/symptoms) AND/OR				
ZIKA IgM SEROLOGY (4 days to ≤12 weeks after exposure/symptoms)				
For pricing information, refer to the posted fee schedule at: https://www.solanocounty.com/depts/ph/bureaus/laboratory/fee_schedule.asp				
COMMENTS/SPECIAL INSTRUCTIONS:				

DATE/TIME RECEIVED

DATE/TIME REPORTED