



ARBOVIRUS LABORATORY ANIMAL SPECIMEN SUBMISSION FORM

PATIENT (Human) INFORMATION *(If applicable)*

PATIENT ID (Chart #, etc.) MAX. 17 CHARACTERS		
LAST NAME	FIRST NAME	MI
DATE OF BIRTH	SS# <i>(last 4 only, optional)</i>	
COUNTY OF RESIDENCE	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	
STREET ADDRESS		
CITY	STATE	ZIP
PATIENT PHONE NO. <i>(optional)</i>		

SUBMITTER INFORMATION

FACILITY NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
COUNTY		
ATTENTION TO:		
PHONE NO.		
FAX NO.		

COMMENTS:

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DATE OF COLLECTION:

SOURCE OF SPECIMEN:

<input type="checkbox"/> Bird (oral swab)	<input type="checkbox"/> Horse (serum)
<input type="checkbox"/> Mosquito Pool	

USE SEPARATE FORM FOR HUMAN SUBMISSIONS

TEST REQUESTED:

<input type="checkbox"/> Arbovirus Panel	Suspected Virus (if known):
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ANIMAL INFORMATION:

BIRD

Species:
Coordinates Where Found:
BIRD NUMBER*:

HORSE

Age:	Sex:
Symptom Onset Date:	
Horse Name:	
Owner Name:	
Owner Address:	
Owner Phone:	
Is horse deceased?: <input type="checkbox"/> YES <input type="checkbox"/> NO	

MOSQUITO

Number in Pool:
Genus Species:
Coordinates Where Collected:
County Where Found:
POOL NUMBER*:

OLS USE ONLY

<input type="checkbox"/> UNSAT Reason:	ACC:
	DE:
<input type="checkbox"/> SATISFACTORY	CKD:

*Bird Number and Pool Number obtained from DIDE.