



ARBOVIRUS LABORATORY HUMAN SPECIMEN SUBMISSION FORM

PATIENT INFORMATION

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

SUBMITTER INFORMATION

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

COMMENTS:

DATE OF COLLECTION:

SOURCE OF SPECIMEN:

<input type="checkbox"/> Serum (acute)***	<input type="checkbox"/> CSF***
<input type="checkbox"/> Serum (convalescent)***	<input type="checkbox"/> Other _____

*** minimum of one milliliter (1mL) serum and CSF

TEST REQUESTED:

<input type="checkbox"/> Arbovirus Panel	<input type="checkbox"/> Confirmation
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Suspected Virus: _____

REQUIRED INFORMATION:

Date of Symptom Onset: _____

SYMPTOMS: (must include temperature reading for any fever occurrence)

<input type="checkbox"/> Fever (_____ °F) -or- (_____ °C)	
<input type="checkbox"/> Myalgia / Arthralgia	<input type="checkbox"/> Acute flaccid paralysis (AFP)
<input type="checkbox"/> Headache	<input type="checkbox"/> Altered mental status
<input type="checkbox"/> Meningitis / Encephalitis	<input type="checkbox"/> Rash
<input type="checkbox"/> Other _____	

TRAVEL HISTORY:

Has patient traveled outside of **WV** within the past four (4) weeks?
 Yes No Unknown
 Location: _____ Dates: _____

Has patient traveled outside the **US** within the past four (4) weeks?
 Yes No Unknown
 Location: _____ Dates: _____

VACCINATION HISTORY:

<input type="checkbox"/> Yellow Fever	<input type="checkbox"/> Tick-borne Encephalitis
<input type="checkbox"/> Japanese Encephalitis	<input type="checkbox"/> Unknown

VECTOR CONTACT:

<input type="checkbox"/> Mosquito	<input type="checkbox"/> Tick
<input type="checkbox"/> None	<input type="checkbox"/> Unknown

DIDE CASE NO.:

**ALL ABOVE HUMAN CASE INFORMATION
 MUST BE PROVIDED**

**FAILURE TO COMPLETE WILL RESULT IN
 REJECTION OF SAMPLE FOR TESTING**

OLS USE ONLY

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