

# California Department of Public Health – Viral and Rickettsial Disease Laboratory

## General Purpose Specimen Submittal Form

**\*Please call the VRDL at (510) 307-8585 before submitting any high priority samples.** Specialty forms for respiratory disease, encephalitis, West Nile Virus, Hantavirus Pulmonary Syndrome (HPS), Severe Pediatric Respiratory, viral gastroenteritis, and other syndromes are also available at <http://www.cdph.ca.gov/programs/vrdl/Pages/CurrentVRDLSpecimenSubmittalForms.aspx>

Submit sample(s) to:

This form is available at [https://archive.cdph.ca.gov/programs/vrdl/Documents/VRDL\\_General\\_Human\\_Specimen\\_Submittal\\_Form\\_Lab300.pdf](https://archive.cdph.ca.gov/programs/vrdl/Documents/VRDL_General_Human_Specimen_Submittal_Form_Lab300.pdf)

Viral and Rickettsial Disease Laboratory  
California Department of Public Health  
850 Marina Bay Parkway  
Richmond, CA 94804  
Phone (510) 307-8585 Fax (510) 307-8599

STATE VRDL ACCESSION LABEL HERE

### PATIENT AND SPECIMEN INFORMATION

Priority Level	<input type="text" value="Normal"/>	Patient Last Name	<input type="text" value="Asymptomatic"/>	First Name	<input type="text" value="Pregnant"/>
Date of Birth	<input type="text" value="01/01/1990"/>	Date of Death	<input type="text"/>	Age	<input type="text" value="27"/>
		Units	<input type="text" value="Years"/>	Sex	<input type="text" value="Female"/>
Patient City of Residence	<input type="text" value="Richmond"/>	County	<input type="text" value="Contra Costa"/>	State	<input type="text" value="California"/>
Medical Record #	<input type="text" value="123456"/>	Submitter Specimen #	<input type="text" value="123456"/>	CalREDIE Incident #	<input type="text" value="123456"/>
Disease Suspected	<input type="text" value="Arbovirus, Zika"/>		Test(s) Requested	<input type="text" value="PRNT"/>	
Disease Onset Date	<input type="text" value="Exact"/>	<input type="text" value="01/01/2017"/>	Specimen Collection Date	<input type="text" value="03/01/2017"/>	
Specimen Type	<input type="text" value="Blood - Serum"/>		Public Health Dept Submitter	<input type="text" value="Contra Costa County / Phone 925-370-5775 / Fax 925-370-5262"/>	

Provided by local health department.

Specify PCR, IgM, or PRNT.

Ensure that sample collection date matches on specimen container.

Required fields. If patient has no Zika symptoms, select "N/A - Asymptomatic" and leave date field blank.

### CLINICAL INFORMATION

<p><b>General</b></p> <p><input type="checkbox"/> Vaccine Response (if so, specify vaccine type and date of last immunization)</p> <p>Vaccine Type <input type="text"/> Date <input type="text"/></p> <p><input type="checkbox"/> Asymptomatic      <input checked="" type="checkbox"/> Conjunctivitis</p> <p><input checked="" type="checkbox"/> Fever                      <input type="checkbox"/> Immunocompromised</p> <p><input checked="" type="checkbox"/> Joint aches                <input checked="" type="checkbox"/> Rash (describe below)</p>	<p><b>Gastrointestinal</b></p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> Outbreak</p> <p><b>Respiratory</b></p> <p><input type="checkbox"/> Respiratory Infection        <input type="checkbox"/> Pneumonia</p> <p><b>Lesions</b></p> <p><input type="checkbox"/> Urogenital                      <input type="checkbox"/> Skin                      <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Mouth                              <input type="checkbox"/> Lip</p> <p><b>Congenital</b></p> <p><input type="checkbox"/> Congenital Disease (describe below)</p>
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Required fields. If symptomatic, indicate all Zika symptoms here or in Clinical Findings box below.

#### Laboratory Data (Results and CT values from previous lab testing)

InBios Zika IgM ELISA "Presumptive Zika Positive" If other Zika testing has been performed, include test(s) and results.

Required field:  
- pregnancy status (not pregnant, or if pregnant include EDD or LMP)  
- symptoms (if applicable)  
- ultrasound results (if applicable)

#### Clinical Findings and Patient Symptoms (Required for fever, rash, paralysis, and congenital disease)

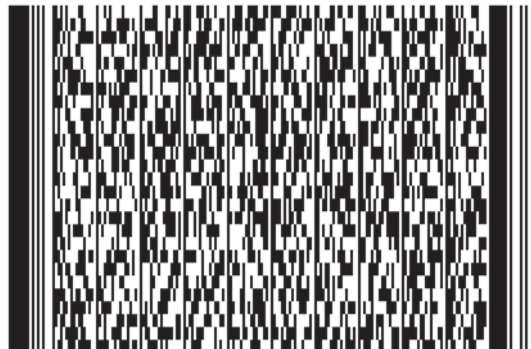
Patient is pregnant, EDD 6/1/2017, microcephaly indicated on ultrasound. See symptoms above.

#### Travel Information (including location and dates) required for suspected viral and Rickettsial diseases not endemic in California

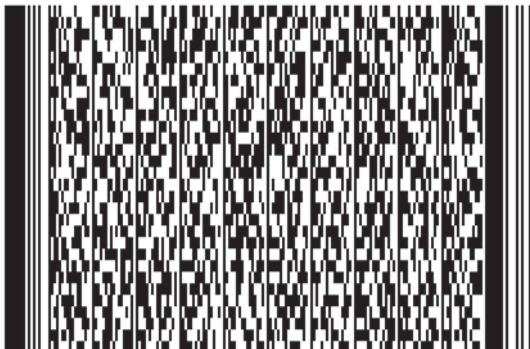
Travelled to Tepic, Nayarit, Mexico 12/20/2016-12/25/2016

Required field:  
- travel locations and dates  
- last date of unprotected sexual contact with a partner with exposure to Zika

Original Submitting Facility	Clinic Name <input type="text"/>	Phone	+1 (510) 555-5555
Original Submitting Physician	Dr. Name <input type="text"/>	Fax	+1 (510) 555-5555



Barcode 1



Barcode 2