

FAX COMPLETED FORM TO LOCAL HEALTH DEPARTMENT at (253) 798-7666; DO NOT SUBMIT DIRECTLY TO WASHINGTON DEPT. OF HEALTH

Zika testing at Washington State Public Health Lab is now limited to

- Uninsured patients, or patients for whom cost is a barrier to testing.
- Infants with suspected Zika congenital syndrome.

Please collect serum and urine specimens and keep cold. Seal urine specimen with lab film.

Date: _____

Zika Virus Testing Intake Form

PATIENT	Last name: _____ First name: _____ DOB: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____ County: _____ Patient Address: _____ Phone Number: _____																		
SUBMIT BY	Physician / Hospital / Lab / Clinic name: _____ Contact name: _____ Phone: _____ Fax: _____																		
EPIDEMIOLOGY	Date of Symptom Onset: _____ OR <input type="checkbox"/> Asymptomatic pregnant woman <i>Symptoms (check all)-If patient is not pregnant, must have 2 symptoms. Test patients with symptoms for Dengue and Chikungunya via commercial laboratory.</i> <input type="checkbox"/> Fever <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Rash <input type="checkbox"/> Arthralgia		Patient pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes # weeks gestation currently: _____ OR estimated delivery date: ____/____/____ Fetal/infant anomalies: <input type="checkbox"/> None <input type="checkbox"/> Unk <input type="checkbox"/> Microcephaly <input type="checkbox"/> Intracranial calcifications <input type="checkbox"/> Fetal demise <input type="checkbox"/> Other: _____																
EXPOSURE HISTORY	Patient traveled to an area with Zika transmission? <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> Yes, countries of travel: _____ Date of departure: ____/____/____ Date of return: ____/____/____ REGARDLESS OF TRAVEL HISTORY: Unprotected sex with <u>sexual partner</u> who traveled to an area with Zika virus transmission: <input type="checkbox"/> N/A <input type="checkbox"/> unk <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of last unprotected sex: ____/____/____ Countries of sexual partner travel: _____ Date of departure: ____/____/____ Date of return: ____/____/____ Infant with maternal history of exposure during pregnancy? <input type="checkbox"/> N/A <input type="checkbox"/> unk <input type="checkbox"/> No <input type="checkbox"/> Yes, date of last possible maternal exposure (travel or sex): ____/____/____ Maternal Zika test result: <input type="checkbox"/> Not tested <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive <input type="checkbox"/> Negative																		
LAB RESULTS	Commercial Lab Results <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%;">PCR serum</th> <th style="width: 25%;">PCR urine</th> <th style="width: 25%;">IgM serology</th> </tr> </thead> <tbody> <tr> <td>Zika</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done</td> </tr> <tr> <td>Chikungunya</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done</td> <td></td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done</td> </tr> <tr> <td>Dengue</td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done</td> <td></td> <td><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done</td> </tr> </tbody> </table>				PCR serum	PCR urine	IgM serology	Zika	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done	Chikungunya	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done		<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done	Dengue	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done		<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done
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