



Maine Center for Disease Control and Prevention Human Arbovirus Specimen Submission Form

Rev. 2/2016

*In order to submit a sample for Arbovirus testing, the health care provider needs to complete this form.
The lab also needs to complete and submit a HETL virology requisition form.*

Patient Name: _____ DOB: _____

Address: _____

Gender: _____ Race/Ethnicity: _____ Pregnant: Yes No

Health Care Provider: _____ Phone Number: _____

Hospitalized? Yes No Hospital: _____

Admitted: ___/___/___ Discharged: ___/___/___

Travel out of **state** within last 30 Days Where: _____

Travel Dates: From _____ to _____

International travel within last **90** Days Where: _____

Travel Dates: From _____ to _____

Clinical Information

Symptom Onset Date: _____

Acute Flaccid Paralysis Altered Mental Status Aseptic Meningitis

Conjunctivitis CNS involvement Encephalitis

Fever: Highest reading: _____ Duration, in days: _____ Headache

Myalgias Rash – Where? _____

Other _____

<p>Information on specimens being submitted:</p> <p><input type="checkbox"/> Acute Blood: Collection Date: _____</p> <p><input type="checkbox"/> Convalescent Blood: Collection Date: _____</p> <p><input type="checkbox"/> CSF: Collection Date: _____</p> <p><input type="checkbox"/> Saliva (1-3mL) for Zika only Collection Date: _____</p> <p><input type="checkbox"/> Urine (3-5mL) for Zika only Collection Date: _____</p>	<p>Other testing done (CSF):</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td>Y</td> <td>N</td> </tr> <tr> <td>Enterovirus</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>HSV 1&2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>VZV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Y	N	Enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	HSV 1&2	<input type="checkbox"/>	<input type="checkbox"/>	VZV	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N											
Enterovirus	<input type="checkbox"/>	<input type="checkbox"/>											
HSV 1&2	<input type="checkbox"/>	<input type="checkbox"/>											
VZV	<input type="checkbox"/>	<input type="checkbox"/>											