



U.S. AIR FORCE SCHOOL OF AEROSPACE MEDICINE (USAFSAM)
WRIGHT-PATTERSON AIR FORCE BASE, OH
Zika Virus Laboratory Submission Form

Instructions for submitting Zika virus samples to the USAFSAM Epidemiology laboratory:

Provider: Step 1: Complete pages 1-2. Step 2: Give all 4 pages to the patient and have them report to Public Health.

Public Health: Step 3: Photocopy pages 1-2. Step 4: Have the patient report to the lab with pages 1-2. Step 5: Complete pages 3-4 for epidemiologic follow up.

Laboratory: Please make sure you receive pages 1-2 from Public Health, and send them with the sample. SAMPLES WILL NOT BE PROCESSED WITH OUT PAGES 1-2. If not submitting samples to the USAFSAM Epidemiology laboratory, please use the proper submission form required by the receiving laboratory.

PROVIDER: For testing criteria please refer to the attached USAFSAM Epidemiology Laboratory testing algorithms.

Date form is being completed: _____

SUBMITTING PROVIDER'S INFORMATION
Provider's Name:
Provider's Phone Number:
Provider's e-mail:
Clinic:

PATIENT DEMOGRAPHIC INFORMATION
Name:
DoD ID:
Phone Number:
Date of Birth:
Base Name/Location:
Beneficiary Status
Sex
Service Branch
Rank

PATIENT SYMPTOMS AND HISTORY
Is the patient currently symptomatic?
Date of symptom onset (date: _____)
Clinical diagnosis: _____
Please indicate if the patient reported having any of the following signs/symptoms:
Fever _____ °F
Rash
Arthralgia (joint pain)
Conjunctivitis (pink eye)
Diarrhea
Patient is Asymptomatic
Myalgia (muscle pain)
Headache
Retro-orbital pain (behind the eye)
Vomiting
Guillain-Barré syndrome

Page 2 – Provider Only

ZIKA VIRUS EXPOSURE INFORMATION (Consult with public health to complete exposure information if necessary.)

Travel or Residence: Did the patient travel to (or reside in) an area with active Zika transmission within 2 weeks prior to symptom onset? (Refer to <http://www.cdc.gov/zika/geo/index.html> for current information on areas of local transmission.)

Yes No Unknown

Location of travel/residence: _____ From (date: _____) To (date: _____)

Location of travel/residence: _____ From (date: _____) To (date: _____)

Location of travel/residence: _____ From (date: _____) To (date: _____)

Sexual: Did the patient have sex without a condom with a male sex partner who traveled to (or resided in) an area with active Zika transmission, AND the male sex partner had either ONE of the following signs and symptoms of Zika (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis), or the male sex partner had a diagnosis of Zika virus disease?

Yes No Unknown

Location of travel/residence: _____ From (date: _____) To (date: _____)

Location of travel/residence: _____ From (date: _____) To (date: _____)

Location of travel/residence: _____ From (date: _____) To (date: _____)

Blood borne: Has the patient received a blood transfusion within the past 30 days or an organ transplant?

Yes No Unknown

ZIKA VIRUS RISK GROUPS

Is the patient pregnant? Yes No

If yes, due date: _____

In which trimester was the patient exposed (as defined by travel, residence, sexual, or blood borne) to Zika virus? 1st 2nd 3rd Within 8 weeks before conception

Is the patient or patient's partner attempting to conceive? Yes No

Is the patient an infant born to a mother exposed to Zika virus during pregnancy? Yes No

TESTING REQUESTED

Flavivirus PCR Panel

Zika IgM ELISA

Specimen type: _____

All non-serum samples (i.e., urine, amniotic fluid, CSF) **MUST** also be accompanied by serum.

If onset date is uncertain, order both tests.