

Zika Virus Testing Form

NAPA-SOLANO-YOLO-MARIN-MENDOCINO COUNTY PUBLIC HEALTH LABORATORY

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www.solanocounty.com/depts/ph/bureaus/laboratory

SUBMITTER INFORMATION

Organization name:

Address:

Phone:

Fax:

PATIENT DEMOGRAPHICS—PLEASE FILL COMPLETELY (refer to website for race and ethnicity options)

Last name	First name	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	Date collected
Address		Medical record no.		Time collected
Phone	Race	Ethnicity		

TEST SITE INFORMATION— PLEASE FILL COMPLETELY AND CLEARLY

Practitioner name, NPI #	Accession #	ICD-10-CM code(s)
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SPECIMEN TYPE/SOURCE—PLEASE CHECK APPROPRIATE BOX

☐ Serum ☐ Urine ☐ Placenta ☐ Other: _____

COMPLETE ALL OF THE INFORMATION ON SYMPTOMS, STATUS, EXPOSURE, AND ABNORMAL FINDINGS BELOW

SPECIMENS MEETING ONE OF THE CRITERIA BELOW ARE ELIGIBLE FOR PUBLIC HEALTH LABORATORY TESTING:

1. SYMPTOMS + EXPOSURE OR 2. PREGNANCY + ONGOING EXPOSURE OR 3. ABNORMAL FINDING + EXPOSURE

For additional guidance refer to: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ZikaInformationforHealthProfessionals.aspx#>

*SYMPTOMS

Symptoms (describe): _____ Date of onset: _____ ☐ No symptoms

*PREGNANCY STATUS

Estimated delivery date: _____ Current trimester: _____ ☐ Patient is not pregnant

*NEWBORN STATUS

☐ Newborn. Mother's name/DOB: _____ ☐ Patient is not a newborn

*PATIENT/MOTHER TRAVEL (EXPOSURE) (See www.bit.ly/CDCRiskAreas for areas at risk of Zika.)

☐ Patient did not travel

City, Country

Date arrived

Date departed or returned to U.S.

1.

2.

*PARTNER TRAVEL & SEXUAL CONTACT (EXPOSURE)

☐ Partner did not travel

Last date of unprotected sex with partner: _____

City, Country

Date arrived

Date departed or returned to U.S.

1.

2.

***ABNORMAL FINDING** (Please describe [eg, Zika screening test positive, abnormal fetal ultrasound + exposure, newborn with diagnosed mother]):

TESTS: To be assigned by lab after screening the information above

ZIKA PCR (urine ≤3 weeks, serum ≤2 weeks after exposure/symptoms) AND/OR

ZIKA IgM SEROLOGY (4 days to ≤12 weeks after exposure/symptoms)

For pricing information, refer to the posted fee schedule at: https://www.solanocounty.com/depts/ph/bureaus/laboratory/fee_schedule.asp

COMMENTS/SPECIAL INSTRUCTIONS:

DATE/TIME RECEIVED

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