



# Maine Center for Disease Control and Prevention Human Arbovirus Specimen Submission Form 9/09

*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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

If in a residential facility, contact name and no.: \_\_\_\_\_

### Clinical Information

Person Completing this Form: \_\_\_\_\_ Title: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospitalized? Yes No Hospital: \_\_\_\_\_

Admitted: \_\_\_/\_\_\_/\_\_\_ Discharged: \_\_\_/\_\_\_/\_\_\_

Symptom Onset Date: \_\_\_\_\_

Fever Highest reading: \_\_\_\_\_ Duration, in days: \_\_\_\_\_

Travel out of state within last 30 Days Where: \_\_\_\_\_

Aseptic Meningitis  Acute Flaccid Paralysis

Encephalitis  CNS involvement

Altered Mental Status  Headache

Other \_\_\_\_\_

Information on specimens being submitted: \_\_\_\_\_ Other testing done (CSF): Y N

Acute Blood: Collection Date: \_\_\_\_\_ Enterovirus:

Convalescent Blood: Collection Date: \_\_\_\_\_ HSV 1&2:

CSF: Collection Date: \_\_\_\_\_ VZV:

### To Be Completed By Maine CDC Staff:

Date Reported State: \_\_\_/\_\_\_/\_\_\_ Date Sample Received at HETL: \_\_\_/\_\_\_/\_\_\_

Tested: YES NO If no, why? \_\_\_\_\_ Epidemiologist: \_\_\_\_\_

If not tested: Person notified \_\_\_\_\_ Date notified: \_\_\_\_\_

If not tested:  Refer to Reference Lab  Return sample  Other HETL testing  Dispose of Sample

Attach Copy of test results