

# Zika Virus Testing Intake Form

**FAX COMPLETED FORM TO HEALTH DEPARTMENT—DO NOT SUBMIT DIRECTLY TO DOH**

Zika virus testing at Washington State Public Health Lab is limited to:

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

All symptomatic patients with travel should be tested for dengue and chikungunya at a commercial laboratory

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

PATIENT	Last Name _____ First Name _____ DOB _____		
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity _____ County _____		
Patient Address _____		Phone Number _____	
SUBMITTED BY	Physician/Hospital/Lac/Clinic Name _____		
	Contact Name _____		Fax _____
EPIDEMIOLOGY	Date of Symptom Onset ____/____/____ OR <input type="checkbox"/> Asymptomatic pregnant woman		Patient pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Symptoms (check all) <i>If patient is not pregnant, must have two symptoms:</i> <input type="checkbox"/> Fever <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Rash <input type="checkbox"/> Arthralgia <input type="checkbox"/> Other _____		# weeks gestation currently _____ OR estimated delivery date ____/____/____ <b>Fetal/infant anomalies:</b> <input type="checkbox"/> None <input type="checkbox"/> Unknown <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 virus transmission? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, countries of travel _____ Date of departure ____/____/____ Date of return ____/____/____		
	<b>REGARDLESS OF TRAVEL HISTORY:</b> Unprotected sex with <u>sexual partner</u> who traveled to an area with Zika virus transmission: <input type="checkbox"/> N/A <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, date of last unprotected sex ____/____/____ Sexual partner's countries of travel _____ Date of departure ____/____/____ Date of return ____/____/____		
	Infant with maternal history of exposure during pregnancy? <input type="checkbox"/> N/A <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, date of last possible maternal exposure (travel or sex) ____/____/____ Maternal Zika virus test result: <input type="checkbox"/> Not tested <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive <input type="checkbox"/> Negative		
LAB RESULTS	<b>Commercial Lab Results</b>	PCR serum	PCR urine
	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
	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
Notes			

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