California Department of Public Health – Viral and Rickettsial Disease Laboratory
Specimen Submittal Form

Patient's last name, first name			Patient's mailing address (including Zip code)	Route to: [ ] SERO [ ] ISOL [ ] FA [ ] RAB [ ] EM
Age or DOB:	Sex (circle): M F	Onset Date:		
Disease suspected or test requested:			**This section for Virus Laboratory use only. Date received by VRDL and State Accession Number**	
1st	Specimen type and/or specimen source	Date Collected	1st	[ ] BE [ ] LC [ ] _____
2nd	Specimen type and/or specimen source	Date Collected	2nd	[ ] _____ [ ] _____ [ ] _____
San Francisco Public Health Laboratory 101 Grove St. Room 419 San Francisco CA 94102 415-554-2800			Carol Glaser, DVM, MD, Chief Viral and Rickettsial Disease Laboratory California Department of Public Health 850 Marina Bay Parkway Richmond, CA 94804 phone (510) 307-8585 fax (510) 307-8578	[ ] E IgM [ ] E PCR [ ] H PCR [ ] C PCR [ ] _____ code:

Type or print submitter's complete mailing address above Lab 300 Rev. 09/17/2007

Clinical Information (fill in or check as pertinent)

Patient is not ill Date of Last Immunization
[ ] Vaccine response
_____
[ ] Case contact to
_____
[ ] Mother of infant with congenital disease
[ ]
Other_____

Is Patient Immunocompromised? [ ] Yes [ ] No

Clinical Findings
[ ] Fever to _____ ^{0}F [ ] Chills
[ ] Generalized aches [ ] Joint aches or stiffness
[ ] Malaise [ ] Conjunctivitis
[ ] Headache [ ] Jaundice
[ ] Lymphadenopathy [ ] Hepatosplenomegaly
[ ] Hepatitis [ ] Rash (describe below)
[ ] Other
_____

Central Nervous System
[ ] Encephalitis [ ] Febrile headache
[ ] Meningitis

Gastroenteritis [ ] Individual case [ ] Outbreak

Respiratory
[ ] Upper respiratory infection
[ ] Cough
[ ] Croup
[ ] Pharyngitis
[ ] Bronchiolitis / Bronchitis
[ ] Pneumonia
[ ] ARDS (acute respiratory distress syndrome)
[ ]
Other_____

Cardiovascular [ ] Myocarditis / Pericarditis

Urogenital
[ ] Urethritis [ ] Cervicitis
[ ] Vaginal lesion(s) [ ] Penile lesion(s)

Oral
[ ] Mouth lesion(s) [ ] Lip lesion(s)

Congenital Disease (describe below)

Please provide other clinical findings and/or pertinent laboratory data: Note - If disease suspected is rickettsial or not endemic to California, please include travel history and/or vector exposure information (date bitten and type of vector).

Speciality forms for respiratory disease, encephalitis, West Nile Virus, hantavirus pulmonary syndrome (HPS) Severe Pediatric Respiratory , viral Gastroenteritis and other syndromes are also available. These forms can be faxed to you upon request by calling (510) 307-8575.

Submitting Physician: _____ *Phone#* (_____) _____

Submitting Facility: _____ *Fax#* (_____) _____