



# Maine Center for Disease Control and Prevention

## Human Arbovirus Specimen Submission Form 2/08/06

*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.*

Case Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
 Town of Residence: \_\_\_\_\_ Home no.: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Sample taken in ED? Yes No Hospital: \_\_\_\_\_  
 Hospitalized? Yes No Hospital: \_\_\_\_\_  
 Admitted: \_\_\_/\_\_\_/\_\_\_ Discharged: \_\_\_/\_\_\_/\_\_\_

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

Fever?	YES	NO	highest reading: _____	Duration, in days: _____
Headache?	YES	NO		Acute Flaccid Paralysis? YES NO
Rash?	YES	NO		Tremors? YES NO
Myalgia?	YES	NO		Anorexia? YES NO
Nausea?	YES	NO		Diarrhea? YES NO
Encephalitis?	YES	NO		Aseptic Meningitis? YES NO
Pregnant?	YES	NO		Other? _____

Information on specimens being submitted:

Acute Blood:	YES	NO	Collection Date: _____
Convalescent Blood:	YES	NO	Collection Date: _____
CSF:	YES	NO	Collection Date: _____

### To Be Completed By Maine CDC Staff:

Date Reported State: \_\_\_/\_\_\_/\_\_\_ Date Sample Received at HETL: \_\_\_/\_\_\_/\_\_\_  
 Tested: YES NO If no, why? \_\_\_\_\_ Epidemiologist: \_\_\_\_\_  
 Disposition: \_\_\_ Suspect Invas. \_\_\_ Suspect Non-invas. \_\_\_ Confirmed Invas. \_\_\_ Confirmed Non-invas.  
 Attach Copy of test results