Maine Center for Disease Control and Prevention
Human Arbovirus Specimen Submission Form

Rev. 03/2017

*In order to submit a sample for Arbovirus testing, the health care provider needs to **completely fill in** this form for all tests. The lab also needs to complete and submit the HETL requisition form.*

Patient Name: _____ DOB: _____

Address: _____

Gender: _____ Race/Ethnicity: _____ Pregnant: ☐ Yes ☐ No

If patient is pregnant, how far along is she (approximate gestational age)? _____

Health Care Provider: _____ Phone Number: _____

Hospitalized? ☐ Yes ☐ No Hospital: _____

Admitted: ___/___/___ Discharged: ___/___/___

Travel out of **state** within last 30 Days Where:_____

Travel Dates: From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

International travel within last **90** Days Where:_____

Travel Dates: From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

CLINICAL INFORMATION

Symptom Onset Date: _____

☐ Acute Flaccid Paralysis ☐ Altered Mental Status ☐ Arthralgia

☐ Aseptic Meningitis ☐ Conjunctivitis ☐ CNS involvement

☐ Encephalitis ☐ Fever: Highest reading: _____ Duration, in days: _____

☐ Headache ☐ Myalgias Rash – Where? _____

☐ Other_____

Information on specimens being submitted:

☐ Acute Serum: Collection Date: _____

☐ Convalescent Serum: Collection Date: _____

☐ CSF: Collection Date: _____

☐ **Urine (3-5mL) for Zika only** Collection Date: _____

Other testing done (CSF):

	Y	N
Enterovirus	☐	☐
HSV 1&2	☐	☐
VZV	☐	☐

FOR ZIKA PATIENTS ONLY

Has patient's partner traveled? ☐ Yes ☐ No

If yes, please provide travel history of partner: _____

Has the couple had unprotected sex since returning from travel? ☐ Yes ☐ No