

Viral Special Pathogens Branch Diagnostic Specimen Submission Form

• Hantavirus Pulmonary Syndrome (HPS)* and other hantaviruses	<input type="checkbox"/>	• Tick-borne Encephalitis	<input type="checkbox"/>	PLEASE COMPLETE ONE FORM PER PATIENT
• Ebola HF*	<input checked="" type="checkbox"/>	• Lymphocytic choriomeningitis (LCM)	<input type="checkbox"/>	
• Marburg HF*	<input type="checkbox"/>	• Hemorrhagic Fever with Renal Syndrome (HFRS)	<input type="checkbox"/>	
• Lassa Fever*	<input type="checkbox"/>	• Rift Valley Fever	<input type="checkbox"/>	
• Crimean-Congo hemorrhagic fever (CCHF)*	<input type="checkbox"/>	• Other hemorrhagic fevers: _____	<input type="checkbox"/>	

* indicates a Notifiable Disease

** Please check off boxes to indicate testing request(s).

PATIENT NAME:	Patient ID no.: NCSLPH #
DOB:	DATE OF SYMPTOM ONSET:
CLINICAL DESCRIPTION:	

No.	Specimen ID No.	State Lab ID No.	Date collected	Specimen type
1		NCSLPH #		
2				
3				
4				
5				

FOR STATE HEALTH DEPARTMENTS

Report/send results to: Laboratory Director Person's name: Dr. Scott Zimmerman Affiliation: North Carolina State Lab of Public Health	Phone no., fax no., and email address: Office (919)-807-8990 Fax (919) 733-8695 scott.j.zimmerman@dhhs.nc.gov
State Health Lab: Dr. Dee Pettit	Phone no. and email address: 919-807-8940, dee.pettit@dhhs.nc.gov
Person shipping specimen(s): Submitting Lab Contact Affiliation:	Phone no. and email address:
Physician's name: Physician's info Affiliation:	Phone no. and email address:
State health department contact:	Phone no. and email address:
Airway bill # (if known):	

Instructions: You must have internet access and an email address to submit this Form electronically. Upon hitting the 'Send to CDC' button, a PDF is created, attached to an email, which you should then send to the address which appears in the address header; you may also cc: others. Acknowledgement of receipt by CDC is not provided. To print this form in order to fax or mail it, be sure to Save this form first.

SEND TO CDC

For hantavirus/HPS, be sure to provide a copy of this Form - to your state Health Department. -

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333. ATTN: PRA (0920-0009). Date of this document: March 6, 2013.