

Other Patient Information

Patient Signs and Symptoms: (Check all that apply)

Genital

- Vesicles
- PID
- Cervicitis
- Urethritis
- Hysterectomy
- Mucopurulent Discharge
- Atypical Lesion

General

- Fever to _____°F
- Headache
- Fatigue
- Sore Throat
- Jaundice
- Conjunctivitis
- Arthralgia/Myalgia
- Nausea/Vomiting
- Diarrhea

Rash

- Macular
- Papular
- Vesicular
- Petechial
- Focal
- Hemorrhagic

Respiratory

- Cough
- Pneumonia
- Bronchitis
- Croup
- Pharyngitis

GNC

- Seizures
- Meningitis
- Encephalitis
- Nuchal rigidity
- Paralysis

Cardiovascular

- Chest Pain
- Pericarditis
- Myocarditis
- Pleurodynia

If pregnant, due date: ___/___/_____

Patient Expired? Yes Date: ___/___/_____

Recent Vaccination History:

Travel History:

Area(s): _____

Dates: _____

For Laboratory Use Only

Temperature on Arrival: Frozen Cold Ambient

Date received: ___/___/_____

Comments:

- Four or more days between collection and receipt of specimen
- Specimen broken or leaked in transit
- Specimen received ambient
- Other _____

Unsatisfactory Specimen:

- No name on specimen
- Name on specimen/form do not match
- Specimen broken/leaked
- Collected in incorrect transport media
- Other _____

Interpretation:

- Negative: No virus detected
- Virus identified by molecular assay _____
- Virus identified by culture _____

Results Telephoned:

To: _____

Date/Time: _____

By: _____