Zika Virus Testing Intake Form

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Fax COMPLETED form to Tacoma-Pierce County Health Department at (253) 649-1389.
Do not submit directly to Washington State Department of Health.

Zika testing at Washington State Public Health Lab is now limited to:

- Patients who are uninsured or for whom cost is a barrier to testing.
- Infants with suspected Zika congenital syndrome.

Please collect serum and urine specimens and keep cold. Seal urine specimen with lab film.

Date:_____

Zika Virus Testing Intake Form

PATIENT

Last name:_____ **First name**:_____

DOB: _____ **Sex**: ☐ Male ☐ Female Race:_____ **County**: _____

Patient Address:_____ Phone Number:_____

SUBMIT BY

Physician / Hospital / Lab / Clinic name: _____

Contact name:_____Phone:_____ Fax:_____

EPIDEMIOLOGY

Date of Symptom Onset:_____

OR ☐ **Asymptomatic pregnant woman**

Symptoms *(check all)-If patient is not pregnant, must have 2 symptoms. Test patients with symptoms for Dengue and Chikungunya via commercial laboratory.*

☐ **Fever** ☐ **Conjunctivitis**

☐ **Rash** ☐ **Arthralgia**

Patient pregnant? ☐No ☐Yes

weeks gestation currently:_____ OR estimated delivery date: _____/_____/_____

Fetal/infant anomalies:

☐ None ☐ Unk ☐ Microcephaly

☐ Intracranial calcifications ☐ Fetal demise

☐ Other: _____

EXPOSURE HISTORY

Patient traveled to an area with Zika transmission?

☐ Unk ☐ No ☐ Yes, **countries of travel**:_____

Date of departure: ____/____/_____ Date of return: ____/____/_____

REGARDLESS OF TRAVEL HISTORY: Unprotected sex with sexual partner who traveled to an area with Zika virus transmission: ☐ N/A ☐ unk ☐ No ☐ Yes, **Date of last unprotected sex**:_____/_____/_____

Countries of sexual partner travel:_____

Date of departure: ____/____/_____ Date of return: ____/____/_____

Infant with maternal history of exposure during pregnancy?

☐ N/A ☐ unk ☐ No ☐ Yes, date of last possible maternal exposure (travel or sex):____/_____/_____

Maternal Zika test result: ☐ Not tested ☐ Positive ☐ Inconclusive ☐ Negative

LAB RESULTS

Commercial Lab Results

	PCR serum	PCR urine	IgM serology
Zika	☐ Pos ☐ Neg ☐ Not done	☐ Pos ☐ Neg ☐ Not done	☐ Pos ☐ Neg ☐ Not done
Chikungunya	☐ Pos ☐ Neg ☐ Not done		☐ Pos ☐ Neg ☐ Not done
Dengue	☐ Pos ☐ Neg ☐ Not done		☐ Pos ☐ Neg ☐ Not done

Notes:

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