

OKLAHOMA STATE DEPARTMENT OF HEALTH
COMMUNICABLE DISEASES DIVISION
(405) 271-4060



LABORATORY SUBMISSION FORM FOR ARBOVIRAL TESTING

Type of specimen: Blood CSF Both Date of collection: ___/___/___

Name of Patient: _____ Birth Date: ___/___/___

Home Address: _____ City: _____ Zip: _____

Patient Tel# : _____ Sex: M F Race: _____

Name of Physician: _____ Tel#: _____

CLINICAL INFORMATION

Chief complaint? (in patient's own words) _____

Symptoms:

Date of first symptoms: ___/___/___

Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Adenopathy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stiff neck	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Muscle weakness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Headache	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Paralysis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vomiting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Altered Mental Status	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rash	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arthralgias	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Other	_____				

CSF analysis (specify units):

Date: ___/___/___

Protein: _____ Glucose: _____
WBC: _____ Pleocytosis? Yes No Unknown

Gram Stain: _____ Culture: _____

Other Comments: _____

Was patient hospitalized? Yes No

If yes, date of admission: ___/___/___ Hospital: _____

Did patient die? Yes No If yes, date of death: ___/___/___

RISK ASSESSMENT

Was patient bitten by a mosquito in the 14 days prior to illness? Yes No Unk

If yes: Date of insect bite ___/___/___

Where (City and County)? _____

Did patient travel out-of-state or abroad 14 days prior to onset? Yes No

If yes, where? (state, country) _____

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For all arboviral serologic tests, it is preferred that a convalescent serum specimen be drawn and forwarded for testing 14-21 days following the acute specimen.

Please contact the Immunology Section, Oklahoma State Department of Health Laboratory at (405) 271-5070 with any questions pertaining to handling and shipping.