



ZIKA VIRUS TESTING CRITERIA & INSTRUCTIONS FORM- INFANT POST DELIVERY

(Updated 12/7/2016)

TESTING CRITERIA: Please call Sonoma County Public Health Disease Control at 707-565-4566 for questions.



- **Symptomatic:** compatible clinical presentation- complete signs & symptoms box below.
 - **RT-PCR [all negative PCR will need serology IgM to confirm]**
 - SERUM-(or CSF) collect within 2 days of birth **AND:**
 - URINE- collect within 2 days of birth
- **Asymptomatic:** Mother with Zika positive lab test during pregnancy OR Mother with possible Zika exposure, no testing
 - **RT-PCR [all negative PCR will need serology IgM to confirm]**
 - SERUM collect within 2 days of birth **AND:**
 - URINE- collected within 2 days of birth

SPECIMEN REQUIREMENTS: **Serum:** 2 ml of serum (5-10 ml of blood) in a red top or serum separator tube; spin and remove serum before submission. Store samples at 4°C. Ship on cold pack within 24-72 hours. **Urine:** 3-5 ml urine, transfer urine sample to screw –cap tube to avoid leakage, place tube in Ziploc bag, no need to spin. Store samples at 4°C. Ship on cold pack within 24-72 hours.

DATE OF SPECIMEN COLLECTION: _____

PATIENT INFORMATION

blood urine

| | | | | |
|---|---|---|--|--------------------------|
| Patient's Name (Last, First): | DOB: | AGE: | SEX: <input type="checkbox"/> M <input type="checkbox"/> F | |
| Mailing Address (include ZIP code): | ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other: | | PRIMARY LANGUAGE: |
| | PHONE #: | | MEDICAL RECORD #: | |
| SIGNS & SYMPTOMS <input type="checkbox"/> Y <input type="checkbox"/> N Congenital Zika Syndrome <input type="checkbox"/> Microcephaly (HC < 3%ile) <input type="checkbox"/> Intercranial calcification <input type="checkbox"/> Other _____ Peri/Postnatal Zika Virus Disease <input type="checkbox"/> Fever <input type="checkbox"/> Skin Rash <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Arthralgia <input type="checkbox"/> Other _____ | | Mother's lab history: | | |

SUBMITTER INFORMATION

| | | | |
|-----------------------|---------------------------------|--------------------------|------------------------|
| PROVIDER NAME: | PROVIDER OFFICE ADDRESS: | PROVIDER PHONE #: | PROVIDER FAX #: |
|-----------------------|---------------------------------|--------------------------|------------------------|

This form must accompany specimens to Public Health Laboratory at 3313 Chanate Road, Santa Rosa, CA between the hours of 8 AM and 5 PM, M-F. (3-4 weeks for results). Dengue & Chikungunya tests will be run as appropriate dependent on area of travel.