



ZIKA VIRUS TESTING CRITERIA & INSTRUCTIONS FORM

(Updated 2/1/17)

TESTING CRITERIA: Please call Sonoma County Public Health Laboratory at 707-565-4711 for questions

- **Symptomatic:** compatible clinical presentation (fever, rash, joint pain, conjunctivitis) and travel to or sexual contact with individual who traveled to Zika affected area.
 - **RT-PCR [all negative PCR will need serology IgM to confirm]**
 - SERUM - (or CSF) collect within 14 days of illness onset.
 - URINE - (or amniotic fluid) collect within 21 days of illness onset and MUST be accompanied by serum
 - **Serology IgM/PRNT-** optimal collection >3 days and up to 12 weeks after illness onset. ALL IgM positives (in public health laboratory) will reflex to RT-PCR and/or PRNT to discriminate among flaviviruses.
- **Asymptomatic pregnant women:**
 - **RT-PCR [all negative PCR will need serology IgM to confirm]**
 - SERUM - collect within 14 days of last potential exposure. **AND**
 - URINE - collected within 14 days of last exposure.
 - **Serology IgM/PRNT** Collected between 2 and 12 weeks of last exposure (Exposure can be 8 weeks prior to conception).

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.

Addition Specimen Submittal Form Requirement: CDPH Form 300 is required for all specimens except for specimens from asymptomatic pregnant women for RT-PCR testing. CDPH Form 300 can be found at: http://www.cdph.ca.gov/programs/vrdl/Documents/VRDL_General_Human_Specimen_Submittal_Form_Lab300.pdf

DATE OF SPECIMEN COLLECTION: _____

blood urine other _____

PATIENT INFORMATION

Patient's Name (Last, First):	DOB:	AGE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	PREGNANT? <input type="checkbox"/> No (or N/A) <input type="checkbox"/> Yes, EDD: _____
Mailing Address (include ZIP code):	SIGNS & SYMPTOMS <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Fever <input type="checkbox"/> Joint Pain <input type="checkbox"/> Rash <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Other _____			
DATE OF ONSET:				
EXPOSURE HISTORY				
1. List countries visited and date of return or arrival in U.S.:				
2. Date of last unprotected sexual contact with partner who has traveled to an area with active Zika virus transmission:				

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.