



County of Santa Cruz

HEALTH SERVICES AGENCY

PO BOX 962, 1060 EMELINE AVE., SANTA CRUZ, CA 95061-0962

PHONE: (831) 454-4114 AFTER HOURS: (831) 471-1170 FAX: (831) 454-5049 TDD: (831) 454-4123

COMMUNICABLE DISEASE UNIT (CDU)

ZIKA VIRUS SCREENING FORM FOR SPECIMEN SUBMITTAL

PATIENT INFORMATION

PATIENT'S NAME (Last, First):		DOB:	AGE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	PREGNANT? <input type="checkbox"/> NO <input type="checkbox"/> YES, Due Date:
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"/> NO <input type="checkbox"/> YES If YES, DATE OF ONSET: _____ Zika-like SYMPTOMS: <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Joint Pain <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Other: _____	RISK HISTORY: Did patient travel to an area with active Zika transmission* within the 2 weeks prior to onset of symptoms? <input type="checkbox"/> N <input type="checkbox"/> Y If patient is <u>pregnant</u> , did they travel to an area with active Zika transmission* in the last 2-12 weeks? <input type="checkbox"/> N <input type="checkbox"/> Y Did the patient have unprotected sex with someone who traveled to or resides in an area with active Zika transmission*? <input type="checkbox"/> N <input type="checkbox"/> Y, Last date of unprotected sex (estimate): _____ Despite the recommendation to have protected sex if partner had possible zika exposure, is patient having ongoing unprotected sex? <input type="checkbox"/> N <input type="checkbox"/> Y Did the unprotected sex partner have Zika symptoms? <input type="checkbox"/> N <input type="checkbox"/> Y, ONSET Date: _____ Has patient received a Yellow Fever vaccine? <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Unk		TRAVEL DETAILS: PATIENT TRAVEL to (Countries & Cities): _____ Dates of Travel: _____ to _____ SEX PARTNER TRAVEL to (Countries & Cities): _____ Dates of Travel: _____ to _____ * Please see implicated areas here: http://www.cdc.gov/zika/geo/index.html		

SUBMITTER INFORMATION

PROVIDER NAME:	PROVIDER OFFICE ADDRESS:	PROVIDER PHONE #:	PROVIDER FAX #:
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INSTRUCTIONS

- Please complete and fax this form to the Santa Cruz County Public Health CDU at (831) 454-5049 for staff to evaluate the need for lab testing. Specimens that have not been cleared by CDU will not be accepted for transport to the State labs.
- If testing is indicated and approval for testing has been granted from the CDU, blood and/or urine samples can be collected at Santa Cruz County Public Health Laboratory (PHL) at 1080 Emeline Avenue, Santa Cruz, between the hours of 8 AM and 4:30 PM (4:00 PM on Fridays). The lab is closed for lunch between 12:30 and 1:00 PM.
- Our local PHL will ship specimens directly to the CDPH Viral and Rickettsial Disease Laboratory (VRDL). VRDL personnel will forward specimens on to the CDC as appropriate, and the VRDL will track and report testing results.
- When requesting laboratory testing for Zika virus, there is no need to order multiple tests (such as for Dengue, West Nile virus, etc.). A full panel of tests will be performed, with follow-up testing as indicated. ("Arbovirus" or "arbovirus panel" may be used to order.)
- Please call the CDU for further questions at (831) 454-4114.