

# Enterovirus D68 Surveillance Submittal Form

California Department of Public Health – Viral and Rickettsial Disease Laboratory

Please send a minimum of **0.7 ml** of original respiratory specimen (nasopharyngeal swab, oropharyngeal swab, endotracheal aspirate) on cold pack to:

**CDPH/Specimen Receiving – EV-D68 Surveillance**  
**850 Marina Bay Parkway**  
**Richmond, CA 94804**  
**(510) 307-8585**

For more information about specimen submission, please contact:

**VRDL Medical Records Unit (510) 307-8585** [VRDL.Mail@cdph.ca.gov](mailto:VRDL.Mail@cdph.ca.gov)

**1. Patient and Specimen Information:**

EV PCR \_\_\_\_\_

Patient's last name, first name:				Patient's county of residence:			
Date of Birth:	Age	Sex (circle): M    F	Date of Illness onset:	<b><i>This section is for VRDL use only.</i></b> <b>Date received by VRDL and VRDL Accession Number:</b>			
1 <sup>st</sup>	Specimen Type and/or Source:		Date Collected:				
2 <sup>nd</sup>	Specimen Type and/or Source:		Date Collected:				
Submitter's complete mailing address:							
Secure fax number: (_____) _____ - _____				Dongxiang Xia, MD, PhD, D(ABMM), SV(ASCP), Chief Viral and Rickettsial Disease Laboratory California Department of Public Health 850 Marina Bay Parkway Richmond, CA 94804 Phone (510) 307-8585                      Fax (510) 307-8578			

**2. Clinical Information:**

<b>History of asthma?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Immunocompromised?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Patient hospitalized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Was patient in ICU?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Was patient in LTCF?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Fatality?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Respiratory/Clinical findings:</b> <input type="checkbox"/> Wheezing <input type="checkbox"/> Fever to _____ °F <input type="checkbox"/> Rhinitis/ Runny nose <input type="checkbox"/> Cough <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Coryza	<input type="checkbox"/> Croup <input type="checkbox"/> Bronchiolitis / Bronchitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> ARDS (acute respiratory distress syndrome) <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Headache <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Rash (describe below) <input type="checkbox"/> Hypoxia (sat <93%) <input type="checkbox"/> Treated with Supplemental O <sub>2</sub> <input type="checkbox"/> Treated with bronchodilators <input type="checkbox"/> Neurologic symptoms (e.g. seizure, paralysis), pls specify: <input type="checkbox"/> <b>Other symptoms:</b>
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**3. Previous Laboratory Findings:** *Please list relevant laboratory results for this specimen/patient*

<input type="checkbox"/> rhinovirus/enterovirus not further specified <input type="checkbox"/> enterovirus PCR positive <input type="checkbox"/> rhinovirus PCR positive Other virus/agent identified (e.g. influenza): _____ Other relevant laboratory findings: _____
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