

**California Department of Public Health – Viral and Rickettsial Disease Laboratory**  
**WEST NILE VIRUS SPECIMEN SUBMITTAL FORM**

PLEASE USE ONE FORM PER PATIENT

**West Nile virus testing is recommended on individuals with the following:**

- A. Encephalitis**
- B. Aseptic meningitis (Note: Consider enterovirus for individuals ≤ 18 years of age)**
- C. Acute flaccid paralysis; atypical Guillain-Barré Syndrome; transverse myelitis; or**
- D. Febrile illness compatible with West Nile fever\* and lasting ≥ 7 days (must be seen by health care provider):**

*\* The West Nile fever syndrome can be variable and often includes headache and fever (T<sub>≥</sub>38C). Other symptoms include rash, swollen lymph nodes, eye pain, nausea or vomiting. After initial symptoms, the patient may experience several days of fatigue and lethargy.*

**1. Required specimens:**

- Acute Serum:** ≥ 2cc serum
- Cerebrospinal Fluid (CSF):** 1-2cc CSF may be submitted with acute serum for further testing at CDC if lumbar puncture is performed and residual CSF is available (Please note: these results may not be available for several weeks)

**2. If West Nile virus is highly suspected and acute serum is negative or inconclusive:**

- 2<sup>nd</sup> Serum:** ≥ 2 cc serum collected 3-5 days after acute serum

- Each specimen should be labeled with **date of collection**, **specimen type**, and **patient name**
- Refrigerated specimens should be sent on **cold pack** using an overnight courier
- Frozen specimens should be sent on **dry ice** using an overnight courier
- CSF that cannot be shipped within 24 hours of collection should be stored frozen at -70°C
- Serum that cannot be shipped within 24 hours of collection may be stored at 4°C or at -70°C
- Please do not send specimens on Fridays (Specimen Receiving Hours: M-F 8-5)
- Send specimens to CDPH VRDL: **Specimen Receiving – West Nile Virus**  
**850 Marina Bay Parkway**  
**Richmond, CA 94804**

- Local Public Health Laboratory West Nile **IFA/EIA IgM results** (or attach copy of results):

Specimen	Date Collected	IgM Assay Method	Results			
			Negative	Reactive	Indeterminate	Not Tested
		o IFA o EIA				
		o IFA o EIA				

**\*\* IMPORTANT: THE INFORMATION BELOW MUST BE COMPLETED AND SUBMITTED WITH SPECIMENS \*\***

<b>Patient's last name, first name:</b>			<b>Patient Information</b>			
			Address _____			
Age or DOB:	Sex (circle): M F	Onset Date:	City _____ Zip _____ County _____			
			Phone Number (____) _____			
<b>Clinical findings:</b> o Encephalitis o Meningitis o Acute flaccid paralysis o Febrile illness o Other: _____			Other information (immunocompromised, travel hx, hx of flavivirus infection, etc.):			
Other tests requested:			<b>This section for Laboratory use only.</b> <b>Date received by VRDL and State Accession Number</b>			
1 <sup>st</sup>	Specimen type and/or specimen source	Date Collected	1 <sup>st</sup>			
2 <sup>nd</sup>	Specimen type and/or specimen source	Date Collected	2 <sup>nd</sup>			
3 <sup>rd</sup>	Specimen type and/or specimen source	Date Collected	3 <sup>rd</sup>			

**Questions? Call Maria Salas at (510) 307-8606**

Submitting Physician \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Submitting Facility \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_