

13. Did donor travel to an area with Zika transmission within the past 2 months? If yes:

a. Location(s): _____	b. Date(s):	From	To
_____		From	To
_____		From	To
_____		From	To
_____		From	To
_____		From	To

14. Did donor have sexual exposure within the past 2 months with someone who recently lived in or traveled to an area with Zika transmission? If yes:

a. Date of last sexual contact: _____

b. Location partner lived/traveled: _____

c. Date partner returned: _____

15. Has the donor been previously diagnosed with:

a. Dengue: _____

b. Chikungunya: _____

16. Did donor enroll in follow-up study to provide additional samples? _____

17. Comments:

Blood collection facilities: Please attach laboratory reports and fax to local health department of donor's residence. Send results from subsequent tests as they become available.

Local health departments: Please include this form and associated laboratory reports in the patient's CalREDIE electronic filing cabinet or fax to CDPH at (916) 552-9725.