

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 in viral or universal transport medium (nasopharyngeal swab or oropharyngeal swab in VTM or UTM) 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

1. Patient and Specimen Information:

EV RT-PCR:

Patient's last name, first name:			Patient's county of residence:		
Age:	Sex (circle): M F	Date of Illness onset:	<i>This section is for VRDL use only.</i> Date received by VRDL and VRDL Accession Number:		
1 st	Specimen Type and/or Source:	Date Collected:			
2 nd	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:

<p>History of asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Immunocompromised? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was patient in ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was patient in LTCF? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Respiratory/Clinical findings:</p> <p><input type="checkbox"/> Wheezing</p> <p><input type="checkbox"/> Fever to _____ °F</p> <p><input type="checkbox"/> Rhinitis/ Runny nose</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Pharyngitis</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Coryza</p>	<p><input type="checkbox"/> Croup</p> <p><input type="checkbox"/> Bronchiolitis / Bronchitis</p> <p><input type="checkbox"/> Pneumonia</p> <p><input type="checkbox"/> ARDS (acute respiratory distress syndrome)</p> <p><input type="checkbox"/> Conjunctivitis</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Lymphadenopathy</p> <p><input type="checkbox"/> Rash (describe below)</p> <p><input type="checkbox"/> Hypoxia (sat <93%)</p> <p><input type="checkbox"/> Treated with Supplemental O₂</p> <p><input type="checkbox"/> Treated with bronchodilators</p> <p><input type="checkbox"/> Neurologic symptoms (e.g. seizure, paralysis), pls specify:</p> <p><input type="checkbox"/> Other symptoms:</p>
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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: _____