

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH - Viral and Rickettsial Disease Laboratory**

**SUBMITTAL FORM FOR RNA EXTRACT FROM CONFIRMED NOROVIRUS OUTBREAKS  
and  
VIRAL GASTROENTERITIS BRIEF REPORT FORM**

Name of institution/setting: \_\_\_\_\_

Type of institution/setting (e.g. long term care facility, school, camp, restaurant, hospital, jail, cruise ship, vent with catered meal, etc): \_\_\_\_\_

Number of residents/students/population-at-risk (if appropriate): \_\_\_\_\_

Number of staff (if appropriate): \_\_\_\_\_

Date of first case: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last case: \_\_\_\_/\_\_\_\_/\_\_\_\_

Suspected source:    Food-borne            Water-borne            Person-to-person            Unknown

Imported or travel association:            Yes    No    Unknown

If yes, please describe: \_\_\_\_\_

Total number of clinical cases: \_\_\_\_\_ Number of cases hospitalized: \_\_\_\_\_ Number of cases who died: \_\_\_\_\_

Total number of cases tested: \_\_\_\_\_ Total number of laboratory-confirmed cases: \_\_\_\_\_

Tested for bacteria?            Yes    No    Results: \_\_\_\_\_

Tested for ova and parasites?    Yes    No    Results: \_\_\_\_\_

VRDL Patient Accession # (For VRDL Use Only)	Patient Last Name, First Name	Sex	Age or DOB	Date of Diarrhea	Date Stool Collected
		M F			
		M F			

Health Juris \_\_\_\_\_ Contact: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

	Viral and Rickettsial Disease Laboratory California Department of Public Health 850 Marina Bay Parkway Richmond, CA 94804 Phone (510) 307-8585    Fax (510) 307-8599
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Submitted please put your complete mailing address in the above box